



# St. Ambrose Academy Registration Form 2023-2024

Return this registration form along with the **non-refundable** registration fee.  
Please make checks payable to : **St. Ambrose Academy**

## Student Information

### First Child

Last Name:

First Name:

Middle Name:

Date of Birth:

Age:

Gender:

Grade Applying For:

Address:

Home Phone:

City:

State:

Zip:

Religion:

**Race:** (Check all that apply)

American Indian/Alaska Native

White (Non-Hispanic)

Black/African American (non-Hispanic)

Asian

Native Hawaiian/Pacific Islander

Multi-racial

**Ethnicity:** (Check one)

Hispanic

Non-Hispanic

### Second Child

Last Name:

First Name:

Middle Name:

Date of Birth:

Address:

Home Phone:

Age:

Gender:

Grade Applying For:

**Race:** (Check all that apply)

American Indian/Alaska Native

White (Non Hispanic)

Black/African American (non-Hispanic)

Asian

Native Hawaiian/Pacific Islander

Multi-racial

**Ethnicity:** (Check one)

Hispanic

Non-Hispanic

### Third Child

Last Name:

First Name:

Middle Name:

Date of Birth:

Address:

Home Phone:

Age:

Gender:

Grade Applying For:

**Race:** (Check all that apply)

American Indian/Alaska Native

White (Non-Hispanic)

Black/African American (Non-Hispanic)

Asian

Native Hawaiian/Pacific Islander

Multi-racial

**Ethnicity:** (Check one)

Hispanic

Non-Hispanic

## Family Information

Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
City:                      State:                      Zip:	City:                      State:                      Zip:
Home Phone:	Home: Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Employer: Employer Address:	Employer: Employer Address:
Email:	Email:

## Pre-School

<p><b>3 Year Old Program</b></p> <p>___ 5 Full Days ___ 5 Half Days (8:30AM-11:30AM) ___ 2 Full Days Please indicate which days <b>M, T, W, Th, F</b> ___ 2 Half Days (8:30AM-11:30AM) Please indicate which days <b>M, T, W, Th, F</b></p> <p>___ AM Wrap Around (5 days) ___ AM Wrap Around (2 days) ___ PM Wrap Around (5 days) ___ PM Wrap Around (2 days)</p>	<p><b>4 Year Old Program</b></p> <p>___ 5 Full Days ___ 5 Half Days (8:30AM-11:30AM) ___ 3 Full Days Please indicate which days <b>M, T, W, Th, F</b> ___ 3 Half Days (8:30AM-11:30AM) Please indicate which days <b>M, T, W, Th, F</b></p> <p>___ AM Wrap Around (5 days) ___ AM Wrap Around (3 days) ___ PM Wrap Around (5 days) ___ PM Wrap Around (3 days)</p>
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**How did you hear about our school?**

<p>___ A relative/friend</p> <p>___ Kids Out and About Advertisement</p> <p>___ Newspaper/Magazine Advertisement</p> <p>___ Other _____</p>	<p>___ Facebook/Social Media</p> <p>___ Ambassador Program – Referring Family Name: _____*</p>
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\*Referring name and W-9 due at time of registration

**Demographics** *(for office use only)*

Home School District:

Religion:

Place of Worship:

**For Office Use Only**

Date Received:

Registration Fee:

Parish Commitment Form:

\_\_\_ Received    \_\_\_ Pending

Ambassador Sponsor: \_\_\_\_\_

W-9 Received: \_\_\_\_\_

