



# St. Ambrose Academy Registration Form 2025-2026

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

**\*\*Other Schools applying to:**

### 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

**\*\*Other Schools applying to:**

### 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

**\*\*Other Schools applying to:**

| <b>Family Information</b>                           |   |
|---|---|
| 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:<br>Employer Address:                      | Employer:<br>Employer Address:                      |
| Email:  | Email:  |

**Preschool & Prekindergarten**

|   |   |
|---|---|
| <p><b>3-Year-Old Program- Preschool</b></p> <p>___ 5 Full Days<br/>           ___ 5 Half Days (8:30AM-11:30AM)<br/>           ___ 2 Full Days<br/>           Please indicate which days <b>M, T, W, Th, F</b><br/>           ___ 2 Half Days (8:30AM-11:30AM)<br/>           Please indicate which days <b>M, T, W, Th, F</b></p> <p>___ AM Wrap Around (5 days)<br/>           ___ AM Wrap Around (2 days)<br/>           ___ PM Wrap Around (5 days)<br/>           ___ PM Wrap Around (2 days)<br/>           ___ 5 Full Day &amp; 5 day Before &amp; After Care</p> | <p><b>4-Year-Old Program- Prekindergarten</b></p> <p>___ 5 Full Days<br/>           ___ 5 Half Days (8:30AM-11:30AM)<br/>           ___ 3 Full Days<br/>           Please indicate which days <b>M, T, W, Th, F</b><br/>           ___ 3 Half Days (8:30AM-11:30AM)<br/>           Please indicate which days <b>M, T, W, Th, F</b></p> <p>___ AM Wrap Around (5 days)<br/>           ___ AM Wrap Around (3 days)<br/>           ___ PM Wrap Around (5 days)<br/>           ___ PM Wrap Around (3 days)<br/>           ___ 5 Full Day &amp; 5 day Before &amp; After Care</p> |
|---|---|

|  |   |
|--|---|
| <b>How did you hear about our school?</b>  |   |
| ___ A relative/friend<br>___ Kids Out and About Advertisement<br>___ Newspaper/Magazine Advertisement<br>___ Other _____ | ___ Facebook/Social Media<br>___ Ambassador Program – Referring Family Name:<br>_____*<br>*Referring name and W-9 due at time of registration |

|   |  |
|---|--|
| <p style="text-align: center;"><b>Demographics (for office use only)</b></p> <p>Home School District:</p> <p>Religion:</p> <p>Place of Worship:</p> | <p style="text-align: center;"><b>For Office Use Only</b></p> <p>Date Received:</p> <p>Registration Fee:</p> <p>Parish Commitment Form:</p> <p style="text-align: center;">___ Received    ___ Pending</p> <p>Ambassador Sponsor: _____</p> <p>W-9 Received: _____</p> |
|---|--|