

St. Ambrose Academy Registration Form 2024-2025

Return this registration form along with the **non-refundable** registration fee.

Please make checks payable to : **St. Ambrose Academy**

Student Information						
First Child: **If you would like to	bundle with BASC che	eck here:				
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)		Ethnicity: (Check one)				
American Indian/Alaska NativeNative Hawaiian/Pacific IslanderNative Hawaiian/Pacific IslanderNative Hawaiian/Pacific IslanderNative Hawaiian/Pacific IslanderNative Hawaiian/Pacific IslanderNative Hawaiian/Pacific IslanderNative Hawaiian/Pacific IslanderNativeNativeNative Hawaiian/Pacific IslanderNativeNativeNativeNativeNativeNative Hawaiian/Pacific IslanderNative	Hispanic Non-Hispanic					
Second Child **If you would like to	bundle with BASC ch	eck here:				
Last Name:	First Name:					
Middle Name:	Date of Birth:					
Address:	Home Phone:					
Age: Gender:	Grade Applying For:					
Race: (Check all that apply)		Ethnicity: (Check one)				
American Indian/Alaska NativeWhite (Non-Hispanic)Black/African American (non-Hispanic)AsianNative Hawaiian/Pacific Islander Multi-racial		Hispanic Non-Hispanic				
Third Child **If you would like to bundle with BASC check here:						
Last Name:	First Name:					
Middle Name:	Date of Birth:					
Address:	Home Phone:					
Age: Gender:	Grade Applying For:					
Race: (Check all that apply)		Ethnicity: (Check one)				
American Indian/Alaska NativeWhite (Non-Hispanic)Black/African American (Non-Hispanic)AsianNative Hawaiian/Pacific IslanderMulti-racial		Hispanic Non-Hispanic				

Name: Name: Relationship to Student: Relationship to Student: Address: Address: Address: City: State: Zip: City: State: Zip: Home Phone: Home: Phone: Work Phone: Employer: Employer Address: Email:	Family Information				
Address: City: State: Zip: City: State: Zip: Home Phone: Home: Phone: Cell Phone: Work Phone: Employer: Employer Address: Email: Preschool & Prekindergarten 3-Vear-Old Program-Preschool 5 Full Days 5 Half Days (8:30AM-11:30AM) 2 Full Days Please indicate which days M, T, W, Th, F 2 Half Days (8:30AM-11:30AM) Please indicate which days M, T, W, Th, F AM Wrap Around (5 days) AM Wrap Around (5 days) PM Wrap Around (5 days) PM Wrap Around (5 days) PM Wrap Around (2 days) PM Wrap Around (2 days) PM Wrap Around (2 days) PM Wrap Around (3 days) PM Wrap Around (3 days) PM Wrap Around (4 days) F Full Day & 5 day Before & After Care How did you hear about our school? A relative/friend Kids Out and About Advertisement Newspaper/Magazine Advertisement Other Facebook/Social Media Ambassador Program - Referring Family Name:	Name:	Name:			
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