



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 check 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)

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black/African American (non-Hispanic)	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Multi-racial	

Second 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)

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black/African American (non-Hispanic)	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Multi-racial	

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)

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black/African American (Non-Hispanic)	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Multi-racial	

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:

Preschool & Prekindergarten

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

___ A relative/friend	___ Facebook/Social Media
___ Kids Out and About Advertisement	___ Ambassador Program – Referring Family Name: _____*
___ Newspaper/Magazine Advertisement	
___ Other _____	

*Referring name and W-9 due at time of registration

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