



# St. Ambrose Academy Registration Form 2021-2022

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:
Employer Address:	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?**

___ A relative/friend ___ Kids Out and About Advertisement ___ Newspaper/Magazine Advertisement ___ Other _____	___ Facebook/Social Media ___ Ambassador Program – Referring Family Name: _____* *Referring name and W-9 due at time of registration
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<p style="text-align: center;"><b>Demographics</b> <i>(for office use only)</i></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>
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