

ST. AMBROSE PSR REGISTRATION-RETURNING STUDENTS 2010/2011

Family Name: _____ E-mail: _____
Necessary for notifications and reminders

Address _____ City _____ Zip _____

Primary Contact _____ Relationship _____ Home phone _____ Cell phone _____ Work phone _____

Secondary Contact _____ Relationship _____ Home phone _____ Cell phone _____ Work phone _____

Registration not complete until emergency medical & photo release authorization form is completed and returned.

Parishioner of St. Ambrose... Yes/No If no, to which parish do you belong? _____

Religious Education Classes:

- Grade 1-6** (Saturday 9 to 10:30 am **Family Home Schooling 1-8**
 or Monday 6:30 to 8:00 pm)
- Grade 7-8** (Monday 6:30 to 8:00 pm **only**)



First Name <small>(Last name if different from Family Name)</small>	PSR Grade/Class <small>(Entering 2010/2011)</small>	Session Day (Circle one)
1)		Saturday Monday Either
2)		Saturday Monday Either
3)		Saturday Monday Either
4)		Saturday Monday Either

Tuition

Classroom and Family Home Schooling

\$65 for first student in a family; \$25 for each additional student
 \$10 discount if registered before June 15, 2010

Financial Assistance Fund-optional:

\$5 towards scholarships for those in need
(for financial assistance, please call Pattie Batchman)

Registration fee enclosed

TOTAL

Make checks payable to: St. Ambrose Church

Visa/MC Account # _____ Exp. Date ____/____ Amount _____

Return completed registration forms to:

St. Ambrose Parish Religious Education Office 929 Pearl Rd. Brunswick, OH 44212
 330-225-3116

Office use only: Date received: _____ Amount received: _____ Check # _____ / Cash/Charge Filed in PDS: _____
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