

# ST. AMBROSE PRESCHOOL PSR REGISTRATION FORM 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 Information & Photo Release Authorization Form is completed and returned.**

**Preschool PSR: Sundays during the 9:00 a.m. and the 10:30 a.m. Masses.**

First Name <small>(Last name if different from Family Name)</small>	Age <small>As of Sept. 30, 2010</small>	Session
1)		9:00 10:30
2)		9:00 10:30
3)		9:00 10:30
4)		9:00 10:30



**Classroom**

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

**Tuition**

\_\_\_\_\_

**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:	Check # _____ / Cash / Charge	Received ____ / ____ / ____
	Filed in PDS ____ / ____ / ____	