

FAITH FORMATION FAMILY REGISTRATION 2018-2019

DUE: AUGUST 1, 2018

Saint Ambrose of Woodbury Faith Formation • 4125 Woodbury Drive • Woodbury, MN 55129
 Telephone (651) 768-3015 • Fax (651) 714-9257

FAMILY NAME, Father, Mother _____ **HOME PHONE** _____

Address _____ **City/State/Zip** _____

E-mail address _____ **Child lives with** _____

Emergency Numbers: Mother's Cell _____ **Work** _____

Father's Cell _____ **Work** _____

Registered in the parish? _____ Yes _____ No _____ Special Physical/Educational Needs-Please note on back.

I do **NOT** want my child(ren) in a Faith Formation photo/video.

STUDENT INFORMATION (PLEASE UPDATE)	Child	Child	Child	Child	Child	Child
First Name						
Last Name (if different)						
Gender						
Birth Date						
School						
Grade (Fall of 2018)						
SACRAMENTS RECEIVED YES/NO						
Baptism						
Reconciliation						
1 st Eucharist						
Confirmation						
2018-2019 SESSION REQUESTS						
Pre-School (3 or 4/5 yr. old as of 9/1/18) Sunday 8:30 or 9:45-10:45 a.m. *Please indicate child's age and 1 st and 2 nd choice of time.	Age _____	Age _____	Age _____	Age _____	Age _____	Age _____
	1st	1st	1st	1st	1st	1st
	2nd	2nd	2nd	2nd	2nd	2nd
Elementary Parish Centered: K - 5 A. Sunday 9:45 – 10:45 a.m. or B. Wednesday 6:30 - 7:45 p.m. * Please state 1 st & 2 nd choice (first come first serve basis)	1st	1st	1st	1st	1st	1st
	2nd	2nd	2nd	2nd	2nd	2nd
Junior High EDGE Grades 6-7-8 Wednesday 6:30 – 7:45 pm or Sunday 6:30-8:00 pm	Wed _____	Wed _____	Wed _____	Wed _____	Wed _____	Wed _____
	Sun _____	Sun _____	Sun _____	Sun _____	Sun _____	Sun _____
RCIA (Adult): Sunday 9:45-11:00 a.m.						
2018-2019 SACRAMENTS NEEDED						
Grade 2 or older – 1 st Reconciliation						
Grade 2 or older – 1 st Eucharist						
Grade 9 & 10 – Confirmation						

TUITION: \$ 75 Preschool (3, 4/5 yr. old) x _____ = \$ _____
 \$ 80 Grades K - 8 x _____ = \$ _____
 \$100 Confirmation Grades 9 - 10 x _____ = \$ _____
 \$250 Maximum per Family or Total \$ _____

Tuition Fees are NON REFUNDABLE- Due to fixed cost of programs.
 In the event you are not able to continue, fees will be considered as a donation to Saint Ambrose parish. Thank You!

Office Use Only

Int: _____
 CHECK # _____ CASH _____ Date: _____
 TOTAL TUITION \$ _____ BILL ME:
 NOW PAYING \$ _____ NOVEMBER _____
 BALANCE DUE \$ _____ FEBRUARY _____

