St. Ambrose Religious Education Registration 2018-2019

Office Use Only

Parish Registration on file

Check # _____

Fee Paid_____

FD Verified_____

DRE Laura Mead: lmead@stambroseva.org or 703-280-1122

PAYMENT DUE AT REGISTRATION ; NO REFUNDS

Non-Regular Envelope User:
Paying BEFORE AUGUST 1: $150 per child
Paying AFTER AUGUST 1: $175 per child

Regular Envelope or Faith Direct Users ONLY:
Paying BEFORE AUGUST 1: $90 per child ($230 for 3 or more children)
Paying AFTER AUGUST 1: $150 first child; $100 each additional child

Sacramental Fee: Confirmation $70 ; 1st Communion $50 ; RCIC $50

FAMILY LAST NAME_____

HOME PHONE _____

HOME ADDRESS_____

CITY_____ ZIP_____

FATHER/GUARDIAN_____

RELIGION_____

WORK PHONE_____CELL_____

EMAIL ADDRESS_____

MOTHER/GUARDIAN_____

RELIGION_____

WORK PHONE_____CELL _____

EMAIL ADDRESS_____

PARENTS MARITAL STATUS (circle one): SINGLE SEPARATED MARRIED IN CATHOLIC CHURCH MARRIED CIVILY DIVORCED WIDOWED

CHILD(REN) RESIDES WITH (circle one): BOTH PARENTS MOTHER FATHER OTHER (name & relationship) _____

PROGRAM & SESSION CHOICES

Space is limited on Sunday. There will be one class for each grade. Registration will be in order received until full.

(A) Sunday, 8:45 – 9:45 AM **(B)** Monday, 5:30 – 6:30 PM **(C)** RCIC 1st Communion Mon. 5:30 – 6:30 PM **(D)** RCIC Confirmation Mon. 7:00 – 8:00 PM

(RCIC is for students who have not received sacramental preparation at customary ages)

STUDENT INFORMATION- PLEASE INDICATE PROGRAM & SESSION CHOICE FROM ABOVE

Please Use Student's Proper Name and Middle Initial. Check the boxes of the sacraments your children have ALREADY RECEIVED.

Last Name	First Name	M.I.	Sex M/F	D.O.B. M.D.Y.	Grade Entering	School (2018/2019)	1st Choice	2nd Choice	BAP	PEN	EUCH	CONF

Please List 2 Persons to call in an emergency if the Parent(s)/Guardian cannot be reached:

Name of Person_____ Relationship_____ Phone_____
I authorize this person to pick up my child:(signature of parent/guardian)_____
Name of Person_____ Relationship_____ Phone_____
I authorize this person to pick up my child:(signature of parent/guardian)_____

EMERGENCY CARE INFORMATION

My child's medical care is provided by:_____ Phone #:_____

Check any current health condition that may require attention during the time your child is with us:

___Allergies
- ___Foods
- ___Medication
- ___Bee sting/insect
- ___Other_____

___Asthma
___Diabetes

___Hemophilia
___Hearing Impairment/Hearing Aids
___Heart Problems (be specific):
_____
___Mental Health Issues (be specific):
_____
___Physical disability (be specific):
_____

___Respiratory (be specific)
_____
___Seizures
___Vision Problems
___glasses contacts

___Other: _____

List all medications and dosages your **child/children** receives on a continual basis:

_____
_____
_____

St. Ambrose Church has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child.

Parent/Guardian Signature:_____ Date:_____

I **DO** provide permission for photographs of my child for approved Church/RE functions/publications.

Parent/Guardian Signature:_____ Date:_____