

**FAITH FORMATION FAMILY REGISTRATION 2023-2024**

**DUE: AUGUST 1, 2023**

Saint Ambrose Catholic Community • Faith Formation • 4125 Woodbury Drive • Woodbury, MN 55129  
Telephone (651) 768.3011 • Fax (651) 714.9257

# \_\_\_\_\_ FAMILY NAME: Father, Mother \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Child lives with \_\_\_\_\_

Mother / Guardian Cell \_\_\_\_\_ Father / Guardian Cell \_\_\_\_\_

Registered in the parish? \_\_\_Yes \_\_\_No Special Physical/Educational Needs? Y / N (please note on back)

STUDENT INFORMATION (PLEASE UPDATE)	Child	Child	Child	Child	Child	Child
First Name						
Last Name (if different)						
Gender						
Birth Date						
School						
Grade (Fall of 2023)						
<b>SACRAMENTS RECEIVED YES / NO</b>						
Baptism						
Reconciliation						
1 <sup>st</sup> Eucharist						
Confirmation						
<b>2023-2024 SESSION REQUESTS</b>						
<b>Pre-School (3, 4, 5 year old as of 9/1/23)</b> <b>Sunday 8:30 or 9:45-10:45 am</b> *Please indicate child's age and 1 <sup>st</sup> and 2 <sup>nd</sup> choice of time.	Age _____ 1st	Age _____ 1st	Age _____ 1st	Age _____ 1st	Age _____ 1st	Age _____ 1st
	2nd	2nd	2nd	2nd	2nd	2nd
<b>Elementary Parish Centered: K - 5</b> <b>A. Sunday 9:45 – 10:45 am or</b> <b>B. Wednesday 6:30 - 7:30 pm</b> * Please state 1 <sup>st</sup> & 2 <sup>nd</sup> choice (first come first serve basis)	1st	1st	1st	1st	1st	1st
	2nd	2nd	2nd	2nd	2nd	2nd
<b>Junior High EDGE Grades 6-7-8</b> <b>Sunday 6:30 - 8:00 pm</b>						
<b>RCIA (Adult): Sunday 9:45-11:00 am</b>						
<b>2023-2024 SACRAMENTS NEEDED</b>						
1 <sup>st</sup> Reconciliation - Grade 2 or older						
1 <sup>st</sup> Eucharist - Grade 2 or older						
Confirmation						

**TUITION:** \$ 75 Preschool (3, 4, 5 yr. old) x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \$ 85 Grades K-8 x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \$100 Confirmation 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 \_\_\_\_\_

PARISHIONER # \_\_\_\_\_