

Please return by July 16, 2010

**St. Ambrose Religious Education  
2010-2011 Registration Form**

St. Ambrose Office of Children, Youth & Family Ministry  
191 School Street— PO Box 67  
Albion, RI 02802

Office of CY&F Ministry Phone: 401. 334-3735

**For all RE Business, call the number above.**

**Please Note:** Families **MUST be registered** at St. Ambrose Church for children to attend Religious Education. Call the Rectory Office to register at 333-1568

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CHILD'S NAME: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (city/state): \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

*This e-mail address will be used for news, updates and notifications.*

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

*A copy of the child's Baptism certificate must be included if new registration, First Communion candidate, or Confirmation candidate. This is needed for proper keeping of Church records. Please attach to the form.*

First Communion: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Primary Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

Secondary Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

**Confidential Information**

Please list any special needs (allergies, medications, disabilities, emotional or behavioral problems, etc.) that we may need to be aware of:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact (during Religious Education sessions):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**REGISTRATION FEES**

Registration Fee for First Communion and Confirmation Programs only is \$50, all other registrants are \$40 per child with a maximum fee of \$100 per family. Financial Aid is available for those who cannot afford the fees, please contact:

Ms. Michelle Laliberte (K-5) or Mr. Greg Albanese(6-8) for more information.

**All checks payable to: St. Ambrose Church**

**Office Use Only**

Date received: \_\_\_\_\_ Fee enclosed: \_\_\_\_\_ Cash/Check \_\_\_\_\_ Check No.: \_\_\_\_\_