



Saint Ambrose Parish

3107 63rd Avenue, Cheverly, MD 20785
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Children's Catechesis and Sacramental Preparation 2019-2020 Registration Form Grades 1-6

FAMILY INFORMATION

Family Last Name: _____

Father's Name: _____

Father's Cell: _____

Mother's Name: _____

Mother's Cell: _____

Mother's Maiden: _____

Email Address: _____

Home Phone: _____

Emergency Contact: _____

Home Address: _____

Emergency Phone: _____

City, ST Zip: _____

Both Parents Catholic? Yes / No

Person assigned for child pick-up other than parents:

Name: _____

Cell: _____

CHILD #1 INFORMATION

Full Name: _____

New Student? Yes No

Office
Use
Cert.

Gender: Male Female

Sacraments Received

Parish

Birth Date: _____

Baptism: _____

Grade in School (2019-2020): _____

Eucharist: _____

-

Session: Saturday 4:45pm-6:15pm (Bilingual)

Confirmation: _____

Sunday 11:15am-12:15pm (English)

None

-

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

CHILD #2 INFORMATION

Full Name: _____

New Student? Yes No

Office
Use
Cert.

Gender: Male Female

Sacraments Received

Parish

Birth Date: _____

Baptism: _____

Grade in School (2019-2020): _____

Eucharist: _____

-

Session: Saturday 4:45pm-6:15pm (Bilingual)

Confirmation: _____

Sunday 11:15am-12:15pm (English)

None

-

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

CHILD #3 INFORMATION

Full Name: _____	New Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office Use Cert.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Sacraments Received</u>	
Birth Date: _____	<input type="checkbox"/> Baptism:	<input type="checkbox"/>
Grade in School (2019-2020): _____	<input type="checkbox"/> Eucharist:	-
Session: <input type="checkbox"/> Saturday 4:45pm-6:15pm (Bilingual)	<input type="checkbox"/> Confirmation:	<input type="checkbox"/>
<input type="checkbox"/> Sunday 11:15am-12:15pm (English)	<input type="checkbox"/> None	- <input type="checkbox"/>
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____		

CHILD #4 INFORMATION

Full Name: _____	New Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office Use Cert.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Sacraments Received</u>	
Birth Date: _____	<input type="checkbox"/> Baptism:	<input type="checkbox"/>
Grade in School (2019-2020): _____	<input type="checkbox"/> Eucharist:	-
Session: <input type="checkbox"/> Saturday 4:45pm-6:15pm (Bilingual)	<input type="checkbox"/> Confirmation:	<input type="checkbox"/>
<input type="checkbox"/> Sunday 11:15am-12:15pm (English)	<input type="checkbox"/> None	- <input type="checkbox"/>
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____		

Registration Handbook: Please be sure to read the program handbook for all program information and expectations. With your signature, you attest having read it and agree to it:

Signature: _____ Date: _____

Registration Deadline: Sunday September 8, 2019.

Registration Fee: Total balance must be paid at time of registration. No one will be excluded from the program for inability to pay. If you are experiencing difficulties that keep you from making full payment, please let us know to receive a partial or full discount.

For Office Use

Registration Date: _____

Number of children registered: (\$75/1) (\$100/2) (\$150/3+)

Number of children in sacramental prep: _____ x \$25 = \$ _____

Total amount owed: \$ _____ Paid: \$ _____ Date: _____

Annotations: _____