

Religious Education Registration Form  
St. Ambrose Church

**Welcome to the 2016-2017 Faith Formation Program!** Please fill out the form below to register your child for our program. For your convenience, more than one child may be enrolled on each form. Thank You!!

Family Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
First Maiden

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone# relationship

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First (Last if different)

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Sept. 2016: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First (Last if different)

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Sept. 2016: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First (Last if different)

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Sept. 2016: \_\_\_\_\_

**(Over)**

If there are any circumstances which will hinder your child's attendance on Sunday mornings please let us know (i.e. visitation arrangements, sports).

If yes, please explain:

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If your child is in joint custody arrangement, should we send information to both parents?    Yes                      No

If yes, please list the other parent's name and address.

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Does your child have any health issues or learning disabilities that we should know about to help better educate them in the faith?    Yes                      NO

Please explain if yes:

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### Photo Permission 2016-2017

I give permission for my child's photograph participating in Religious Education activities to be used in displays, on bulletin boards or on the church website. I understand that only my child's first name may be used. No other identifying information will be used in public display.

\_\_\_\_\_ I **give** permission to use my child \_\_\_\_\_ picture  
Name of child (children)

\_\_\_\_\_ I **do not** give permission to use my child \_\_\_\_\_ picture  
Name of child (children)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date