

**ST. AMBROSE RELIGIOUS EDUCATION
REGISTRATION 2018-2019**

Office Use Only

Date Rec'd:----/----/-----

TUITION PAID: Y N

AMOUNT: _____

Please fill in ALL Information:

Religious Education reminders and monthly letters are communicated via email; please be sure to fill in the correct MAIN CONTACT information below so the office knows your family's preferred contact number and email.

FAMILY NAME: _____

Street Address: _____

City, State, Zip Code: _____

Main Contact Telephone Number: _____

Main Contact E-mail Address: _____

Currently registered at what parish: _____

Religious Education Program child/ren were enrolled in last year: _____

PARENTS/GUARDIANS

FATHER

MOTHER

Name: _____

Mother's Full Maiden Name: _____

Cell Phone: _____

Religion: _____

Child Lives With: Mother / Father / Both Parents / Other _____ (Please Circle One)

I give my permission to St. Ambrose to use photographs of my child in Church publications.

Parent Signature _____ Date _____

I give permission to give my main contact phone number and email to my child/ren's catechist.

Parent Signature _____ Date _____

CIRCLE of GRACE:

In response to the United States Conference of Catholic Bishops' *Charter for the Protection of Young People*, the Archdiocese of Detroit has provided all Catholic schools and faith formation programs with a mandated program for the safe environment of children. *Circle of Grace* aims to equip children with essential knowledge and skills grounded in the richness of the Catholic faith, helping them to understand their own and others' dignity in mind, body, and spirit -- recognizing that each of us lives and moves within a circle of grace. *Circle of Grace* is neither a sex education nor stranger danger course. It is a Catholic course that teaches that God has created each one of us as special and we are meant to respect ourselves and others. Family worksheets & information will be sent home with programming. Lesson plans are available for review in the office. More information can be found on the AOD website link:

<http://www.aod.org/our-archdiocese/protecting-children/abuse-prevention-training/circle-of-grace>.

If you do not wish your child/ren to be a part of this program, please let St. Ambrose know in writing. Thank you.

FAMILY ROSTER

KINDERGARTEN THRU 9TH GRADE:

Child's <u>Full Baptismal Name</u>	Birth date	Age	Grade in Fall	School in Fall 2018

GRADE 2 & GRADE 9:

- **Baptismal Certificates must be turned in to the Religious Education Office along with your registration form or prior to the first day of class. It is necessary for the office to have these records for students in a sacramental year program. If you have any questions, call the office.**

SACRAMENTS: (Circle Yes or No & put date and church if other than St. Ambrose)

Child's Name	Baptism	Reconciliation	Eucharist	Confirmation
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N

MEDICAL RELEASE FORM:

The Arch Diocese of Detroit requires a separate form on file for EACH child registered. These forms must be turned in before your child/ren can participate in religious education class.

EMERGENCY CONTACT INFORMATION:

In the event of an emergency and you are unable to reach me, please contact the following:

Name: _____ Relationship to my Child/ren: _____

Home Phone Number: _____ Cell Phone Number: _____

ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU CHILD/REN:

ST. AMBROSE RELIGIOUS EDUCATION
MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: St. Ambrose Religious Education Program

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments: ****Do not leave blank - write "NONE"***

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date: _____

Signed: _____
(Parent or Guardian)

HAPS-May 2017

***Per AOD Policy, a separate Medical Release Form must be on file for EACH child registered.**

2018-2019 REGISTRATION & FEES

St. Ambrose Religious Education

Early Bird Registration Discount:

Anyone who registers before July 1st will receive a \$50.00 discount on their tuition.

TUITION Grades Kindergarten -9th

1 Child	- \$200.00
2 Children	- \$300.00
3 Children	- \$375.00
4 or More	- \$400.00

Additional Sacrament Fee: *In addition to tuition assessment above

\$80.00 **First Eucharist & First Reconciliation**

\$40.00 **Confirmation (Grade 9+)**

All fees include a non-refundable registration/book fee of \$50 per child.

Payment:

Please include cash/check made out to *St. Ambrose Parish* with your registration forms.

Forms may be turned in to the Parish Office M-F 9:00am-4:00pm. OR

Mailed to **St. Ambrose Religious Education. 15020 Hampton. Grosse Pointe Park, MI 48230.**

If there is a hardship or if a payment schedule is necessary, please let us know.

We will be happy to confidentially make arrangements.

PARENT VOLUNTEER FORM

**If you are interested and willing to volunteer with our program, please turn this form in with your registration. We are truly blessed each year with fabulous volunteers. Come join us. Thank you.*

NAME: _____

GENERAL:

- | | |
|---|---|
| <input type="checkbox"/> Catechist – teach or co-teach 25 classes with plenty of support provided. | <input type="checkbox"/> Office Help – assist in the office on Sundays. |
| <input type="checkbox"/> Substitute Catechist – teach a class when a catechist is unavailable. Lessons provided. | <input type="checkbox"/> Hospitality – assist with welcoming and set-up/clean-up for special gatherings/activities. |
| <input type="checkbox"/> Classroom Assistant – assist regular catechist on Sundays during class time. | <input type="checkbox"/> Craft Projects – preparing materials for class projects (cutting, pasting, collating, etc.) |

SPECIAL EVENTS:

- | | |
|---|---|
| <input type="checkbox"/> Super Saturdays – help teach, set-up, clean-up, serve snacks, volunteer as needed, etc. | <input type="checkbox"/> Christmas Eve Mass – help with coordinating the children’s liturgy. |
|---|---|

OTHER TALENTS:

Please check the box next to any talents you would be willing to share with the students and our program.

- | | | |
|--|--|---|
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Prayer Leader |
| <input type="checkbox"/> Playing a musical instrument | <input type="checkbox"/> Singing | <input type="checkbox"/> Simple sewing |
| <input type="checkbox"/> Other _____ | | |