



St. Ambrose Parish  
Office of Catechesis  
380 S. Federal Highway  
Deerfield Beach, FL 33441



**Student Information / Información del Estudiante**

Last Name: (Apellido)	First Name: (Nombre)
Date of Birth: (Fecha de Nacimiento)	Country of Birth: (País de Nacimiento)
Home Address: (Dirección)	Age: (Edad)
Name of School: (nombre de escuela)	Grade at School: (grado en su escuela)

SACRAMENTS (sacramentos)	YES or NO	PARISH NAME (Parroquia)	DATE (Fecha)	COUNTRY (País)
Baptism (Bautizo)				
First Holy Communion (primera comunión)				

**Parents' Information / Información de los Padres**

Father's Name : _____ (Nombre completo del Padre) Home Phone: _____ Cell Phone: _____ Email: _____	Religion: (Religión)
Mother's Name: _____ (Nombre completo de la Madre) Home Phone: _____ Cell Phone: _____ Email: _____	Religion: (Religión)

Married in the Catholic Church? YES or NO (If not, are you interested in information on how to get married in the Church?) YES or NO
Student lives with: Both Parents    Mother    Father    Other: _____
Name of Legal Guardian (if other than parents): _____ (nombre del Custodio Legal, si no son los padres) Home Phone: _____ Cell Phone: _____ Address (if different from student's): _____

**PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD:** List of persons authorized to pick up your child. (Child only be released to authorized person(s) with proper identification) *(Lista de personas autorizadas para recoger a su hijo(a). Se requiere apropiada identificación para recogerlos.)*

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

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

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

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

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

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

**FOR EMERGENCY CONTACT**, parents are contacted first.  
 (Para emergencias, los padres se contactan primero)

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

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

**MEDICAL INFORMATION:** ALLERGIES, SIGNIFICANT MEDICAL HISTORY  
 (Alergias e información médica importante)

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List any medical condition, or a significant medical history (such as Allergies, Seizures) for which your child requires medication and state its type and frequency.  
 (Indique cualquier condición médica, o historia médica para las cuales su niño requiere medicación e indique tipo y frecuencia)

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List any special need of which we need to be aware to provide the best learning environment for your child.  
 (Indique cualquier dificultad de aprendizaje que se requiere conocer para proveer el mejor ambiente de aprendizaje para su niño)

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## Parent / Legal Guardian Commitment:

At baptism, parents promise God to raise their children in the faith. It is expected that children come every year to learn how to become disciples of Jesus. Within that time, a minimum of two years of preparation is necessary to receive the sacraments.

En el bautismo, los padres prometen a Dios criar a sus hijos en la fe. Se espera que los niños vengan cada año para aprender a ser discípulos de Jesús. Dentro de ese tiempo, un mínimo de dos años de preparación es necesario para recibir los sacramentos.

I (we) commit to / yo me comprometo a:

- ♥ \_\_\_ Pray daily with my child / rezar diariamente con mi hijo(a).
- ♥ \_\_\_ Have my child attend class weekly / que mi hijo(a) asista a clase semanalmente.
- ♥ \_\_\_ Participate in Mass weekly with child / participar en la Santa Misa semanalmente.
- ♥ \_\_\_ Go over the lessons with my child / repasar las lecciones con mi hijo(a).
- ♥ \_\_\_ Fulfill all requirements for my child to receive the sacraments / cumplir con los requisitos de los sacramentos.
- ♥ \_\_\_ Provide all the necessary documents / proveer los documentos necesarios.

Please answer with YES or NO / Por favor contestar con SI o NO:

\_\_\_ Do you give permission for your child to attend the "Teaching Boundary Safety" Lessons (please see booklet). *Usted le da permiso a su hijo(a) recibir las lecciones de TBS?*

\_\_\_ Do you authorize pictures to be taken of your child solely when in groups, such as during class or retreats or other catechetical activities done as a group? *¿Autoriza que le tomen fotos de su hijo(a) únicamente cuando está en grupos, como durante la clase o retiros u otras actividades de la catequesis realizadas en grupo?*

**Classes begin September 26, 2021 and are offered Sundays for grades 1 thru 8 at 11:30am to 12:45pm – First Communion classes will be offered on Wednesdays 4:00pm to 5:15pm.**

**FEE: One child \$110      Two children \$175      Three children \$200**

Please pay in cash or make checks payable to St. Ambrose Catholic Church.

By signing below, I (We) certify that all information provided on this Registration and payment form is true and correct. I (We) are the parents or authorized guardian of the child named above. I am (we/are) competent to execute this agreement.

(A través de mi firma, Yo (nosotros) certificamos que toda la información en esta forma de inscripción y pago es verdadera y correcta. Yo (nosotros) somos los padres o guardianes legales del niño mencionado arriba. Nosotros somos competentes para ejecutar este acuerdo)

Father's name (printed):

Father's Signature:

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's name (printed):

Mother's Signature:

Date

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\_\_\_\_\_

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OFFICE USE ONLY	
Day	Class