

PRESCHOOL

School Year: 2019-20

Child's Name: _____ Date of Birth _____

Place of Birth: _____ Gender _____

Father's/Guardian Name: _____ Religion _____
(Last) (First)

Father's Address: _____ Zip: _____

Father's E-mail: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Occupation: _____ Place of Work: _____

Mother's/Guardian Name: _____ Religion _____
(Last) (First)

Mother's Address: _____ Zip: _____

Mother's E-mail: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Occupation: _____ Place of Work: _____

Child lives with: Father _____ Mother _____ Other (please specify) _____

Family is registered at the following parish: _____

Is anyone in the family a former student of OLL School? _____

If yes, please give name(s): _____

Do you intend to continue your child's education at OLL: _____

Medical problems? _____

Allergies? _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

2019-20

Child's Name: _____ Date of Birth: _____

Please check class registering for:

THREE YEAR PROGRAM **** MUST BE 3 YEARS BY 9/10/19**

_____ Tuesday/Thursday 1:00 – 3:00 p.m.

\$120.00 (Sept. less \$50.00 registration fee) \$110.00 (Oct. - May)

FOUR YEAR PROGRAM **** MUST BE 4 YEARS BY 9/10/19**

_____ Monday/Wednesday/Friday 12:00 – 3:00 p.m.

\$150.00 (Sept. less \$50.00 registration fee) \$160.00 (Oct.- May)

PRE-K PROGRAM **(4 yrs./ 5 yrs.)** **** MUST BE 4 YEARS 9/10/19**

_____ Monday – Friday 8:00 – 11:00 a.m.

\$240.00 (Sept. less \$50.00 registration fee) \$220.00 (Oct. – May)

**** PRESCHOOL REGISTRATION FEE: A non-refundable deposit of \$50.00 is due with this application. This will be applied to the September tuition.**

**** REQUIRED UPON ACCEPTANCE: Copy of Birth Certificate and Immunization Record**

Parent/Guardian Signature: _____

Date: _____

REQUIRED DOCUMENTS: (to be completed by school office)

Birth Certificate: _____ Immunization Record: _____

Registration Fee Paid _____ Amount Paid: _____

Accepted: _____ Notification sent: _____ Date: _____

