

Family Registration Card

2019-20 School Year

Names of Children:

Grade:

Date of Birth:

Check box if referred by OLL Family: Name of Referred Family _____

Is your child an Active Catholic? ____ Yes ____ No
(attends weekend mass, receives the sacraments-baptism, reconciliation, holy communion)

What Parish is your family registered to? _____
(please fill out the church registration form attached if not registered)

If not Catholic, which religion? _____

Please circle (below) all that apply:

Caucasian Native Pacific Islander Latino Asian African American Native American (tribe) _____

The Diocese of Superior asks for this information in the yearly Annual Report.

REQUIRED if applying for St. Mary's Scholarship

Please complete the entire form.

Father: Name _____ Home Phone _____

Address _____

Cell Phone _____

Place of Employment _____ Work Phone _____

E-mail _____

Mother: Name _____ Home Phone _____

Address _____

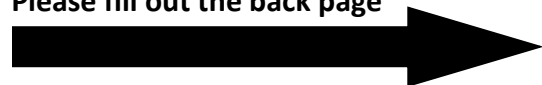
Place of Employment _____ Work Phone _____

E-mail _____

Emergency - Alternate Contact:

Name	Relationship	Phone Number

Please fill out the back page



Bingo Information

As part of your tuition contract, families are required to work 2-4 bingo sessions, unless your family is exclusively in the Wisconsin Parental Choice Program.

Our Lady of the Lake Bingo is a school support event and helps keep the cost of tuition down for everyone.

Due to the growth and success of OLL Bingo, it is extremely necessary that we have enough help each

Tuesday evening so things run efficiently. A yearly schedule will be developed in late August.

Please indicate any or all "yes" options to work bingo.

Yes, schedule my family for 2 – 4 mandatory bingos.

Yes, put our family on the sub list to work as called for more bingo tuition credit of \$25 per bingo.

Yes, our family would like to be on the schedule for more bingos for tuition credit of \$25 per extra bingo worked.

Check box if family prefers to be billed the \$200.00 instead of working bingo. (The fee will be added to your tuition statement)

Those that do not fulfill their Bingo requirements, will forfeit all scholarships given by OLL School.

Health Information: Student Name: _____

Unusual health conditions? Yes _____ No _____

If yes, complete: Diabetes _____ Heart _____ Convulsive Seizure _____ Epi Pen _____

Other: _____

Allergies: _____

Allergic Reaction: Yes _____ No _____

Allergy Plan for Staff: _____

Current Medication: _____

My child will need medication during school hours: No _____ Yes _____ (Medicine form needed)

Family Doctor: _____ Phone Number: _____

If emergency treatment is required and the parents/guardians cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated above or 911? This will include getting the student to the hospital if necessary.

Check _____ Yes

_____ No. If NO, what do parents want? _____

Parent/Guardian Signature: _____

OFFICE USE ONLY

Scheduled visiting time Date _____ Contract & Scholarships mailed Date _____