

Family Registration Card

2020-21 School Year

Name of Child:

Grade:

Date of Birth:

Check box if referred by OLL family: Name of referred family _____

Is your child an active Catholic? ___Yes ___No (attends Mass, receives the sacraments-baptism, reconciliation, holy communion)

Which parish is your family registered to? _____

If not Catholic, which religion? _____

Please circle (below) all that apply:

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

The Diocese of Superior asks for this information in the yearly Annual Report. (Required if applying for St. Mary's Scholarship)

This form must be filled out completely

Father: Name _____ Home Phone _____

Address _____

Religion _____ Cell Phone _____

Place of Employment _____ Phone _____

E-mail _____

Mother: Name _____ Home Phone _____

Address _____

Religion _____ Cell Phone _____

Place of Employment _____ Phone _____

E-mail _____

<i>Emergency/Alternate Contact</i>		
<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

Name of individuals who should have NO contact with child(if any) _____

Please fill out the back page



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. Weekly Bingo at OLL is our biggest fundraiser for our school, it is very important to the school 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, put our family on the sub list to work as called for more bingo credits. A \$50 credit per bingo can be Applied for tuition.

___ Yes, our family would like to be on the schedule for more bingo credits. A \$50 credit per bingo can be applied for tuition, preschool or aftercare fees.

Check box if family prefers to be billed the \$300.00 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 _____ Seizure _____ Epi Pen _____

Other: _____

Food Allergies: _____

Allergic Reaction: Yes _____ No _____ Epi Pen _____

Allergy Plan for Staff: _____

Environmental Allergies: _____

Allergic Reaction: Yes _____ No _____ Epi Pen _____

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: _____