



Our Lady of the Lake

Catholic School

Educating to Lead, Learn and Serve in Christ

Family Registration Card

2021-22 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 _____

Cell Phone _____

Place of Employment _____ Work Phone _____

E-mail _____

Emergency - Alternate Contact:

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

Please fill out the back page



Bingo Information

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 volunteer at bingo.

___ Yes, our family would love to volunteer to help at bingo, please put us on the schedule.

___ Yes, put our family on the sub list.

Health Information: Student Name: _____

Unusual health conditions? Yes _____ No _____

If yes, complete: Diabetes _____ Heart _____ Convulsive 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: _____