

# Pre-School Registration Card

2021-22 School Year

Circle One	
3K	4K

Name of Child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you Catholic? \_\_\_ Yes \_\_\_ No  
 Which parish do you belong? \_\_\_\_\_  
 If not Catholic, which religion? \_\_\_\_\_  
 Check box if referred by OLL family: Name \_\_\_\_\_

**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.

Please complete the entire form.

**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>Alternate Contact and/or Pick-up Person</i>		
<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

Name of individuals who should have NO contact with child \_\_\_\_\_

Arrival time for Preschool is between 7:30 and 8:00 am. After Care starts at 3:00 pm.

My child is registering for:				
Monday	Tuesday	Wednesday	Thursday	Friday
Full Half Day	Full Half Day	Full Half Day	Full Half Day	Full Half Day

Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_



**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 initial if you would like to be included on the schedule to volunteer to help at Bingo: \_\_\_\_\_

**Unusual health conditions?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete: Diabetes \_\_\_\_\_ Heart \_\_\_\_\_ Convulsive Seizure \_\_\_\_\_ Epi Pen \_\_\_\_\_

Other: \_\_\_\_\_

**Food or Airborn 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:** \_\_\_\_\_