

Pre-School Registration Card

2023-24 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/church? _____
 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 _____
E-mail _____
Place of Employment _____ Phone _____

Mother: Name _____ Home Phone _____
Address _____
Religion _____ Cell Phone _____
E-mail _____
Place of Employment _____ Phone _____

<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 7:40 and 8:00 am. After Care starts at 3:15 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 _____

*full day students will be given preference over half day students



Bingo

Weekly Bingo is held at OLL and run by the school once per month. It is very important to the school that we have enough help when it is the school's turn 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.

No, not at this time.

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: _____