



Family Registration Card

2023-24 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? _____

If not Catholic, which religion/Church? _____

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:

Name	Relationship	Phone Number

Please fill out the back page



Bingo Information

Weekly Bingo is held at OLL and run by the school once a 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.

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: _____

Additional Information:

For multiple children, please ask for additional Health Information pages in the school office.