

Pre-School (4K) Registration Card

2024-25 School Year

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 _____

Alternate Contact and/or Pick-up Person

<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.

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



Unusual health conditions? Yes _____ No _____

If yes, complete: Diabetes _____ Heart _____ Convulsive Seizure _____ Epi Pen _____

Other: _____

Food or Air born Allergies:

Allergic Reaction: Yes _____ No _____

Allergy Plan for Staff:

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: _____