

REGISTRATION FORM

CHILD'S NAME _____ D.O.B. _____

SEX: MALE or FEMALE

Address: _____

Mother's Name: _____

Mother's Address: _____

(if different) _____

Father's Name: _____

Phone: _____

Father's Address: _____

(if different) _____

Email Addresses: _____

Child lives with Mother Father Both Parents

8:00 a.m. – 2:30 p.m. all day class _____

8:00 a.m. – 11:00 a.m. half-day class _____

If three days, please circle preference:

M T W TH F

4 year old program _____

5 year old program _____

Siblings attend Our Lady of the Lake _____

Parishioner _____

Non-Parishioner _____

I am interested in the After Care program.

Our Lady of the Lake Early Childhood Center will prepare an annual roster for each group of children in the program. The roster will include names and telephone numbers of children and parents. Rosters will be furnished to parents upon request. The roster is intended for school activities only and it will not be given to anyone other than parents or guardians of children enrolled in the preschool program.

Include our name on the roster.

Do not include our name on the roster.

Parent's signature