

REGISTRATION FORM

Child's name _____ D.O.B. _____

Sex: MALE or FEMALE

Address: _____

Mother's Name: _____

Mother's Address: _____
(if different) _____

Phone: _____

Father's Name: _____

Father's Address: _____
(if different) _____

Email Address: _____

Child lives with _____ Mother _____ Father _____ Both Parents

7:50 am-2:35 pm all day class _____ 7:50 am-11:10 am half-day class _____

If three days, please circle preference: M T W TH F

Siblings attend Our Lady of the Lake _____ Parishoner _____ Non-Parishoner _____

_____ I am interested in the Aftercare 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