

REGISTRATION
PRESCHOOL (Ages 3-4)
PRE-KINDERGARTEN (Ages 4-5)

School Year: <u>2023-24</u>

Child's Name:	Date of Birth	Ethnicity		
Place of Birth:	Gender: F M Catholic	Yes No		
Father's Address:	(Last) (First)			
	Cell #: Hor			
Occupation:	Place of Work: Wo	ork #:		
Mother's/Guardian Name	(Last) (First) (Maiden)	_ Religion		
Mother's Address:	(Last) (st)	Zip:		
Mother's E-mail:	Cell #:	Home #:		
Occupation:	Place of Work:\	Vork #:		
Parent/Guardian Military Service: (Name)				
Branch	Active Re	etired		
Child lives with: Father Mother Other (please specify)				
Medical issues:	Allergies:			
Number of children in home:	Ages: Former student(s)	: Yes No		
If yes, please list name(s):				
Do you intend to continue your child's education at OLL: Yes: No:				
Family is registered at the following parish:				

PLEASE COMPLETE BOTH SIDES OF THIS FORM

School year: <u>2023-24</u>

Child's Name:	Date of Birth:			
Cilia 3 Name.				
Please check class registering for:				
THREE/FOUR YEAR PROGRAM ** M	IUST BE 3 OR 4 YEARS BY <u>SEPTEN</u>	1BER 10, 2023		
5 Days a Week: Full Day (\$540.00 per month)	Half Day (\$270.00 per mo.)	M, T, W, TH, F		
3 Days a Week: Full Day (\$324.00 per month)	Half Day (\$162.00 per mo.)	M, W, F		
2 Days a Week: Full Day (\$216.00 per month)	Half Day (\$108.00 per mo.)	T, TH		
<u>PRE-K PROGRAM</u> (4 yrs. / 5 yrs.) ** <u>M</u>	IUST BE 4 YEARS BY <u>SEPTEMBER</u>	<u>10, 2023</u>		
5 Days a Week: Full Day (\$540.00 per month)	Half Day (\$270.00 per mo.)	M, T, W, TH, F		
(Full Day Time 8:00 a.m. – 3:00 p.m.)	(Half Day Time 8:00 a.m. – 11:00 a.	m.)		
**The above are current rates for preschool. Rates are subject to change for the 2023-24 school year.				
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** PRESCHOOL REGISTRATION FEE: A non-refundable deposit of \$50.00 is due with this application. The registration fee will be applied towards September's tuition fee.				
** REQUIRED UPON ACCEPTANCE: Copy of Birth Certificate and Immunization Record				
Parent/Guardian Signature:				
Date:				
REQUIRED DOCUMENTS : (to be completed by school office)				
Birth Certificate: Imi	munization Record:			
Registration Fee Paid Am	ount Paid:	=		