OUR LADY OF LOURDES SCHOOL

PRE 3-4 & PRE K REGISTRATION

School Year: 2022-23

1305 5th Avenue South Great Falls, MT 59405

Child's Name:	Date of Birth					
Place of Birth:	Gender Ethnicity					
Father's/Guardian Name:	(Last)	(Firs			Relig	gion
Father's Address:	` '	•	•			Zip:
Father's E-mail:		Ce	ll #:		Home #: _.	
Occupation:		Place of Work	:		Work #:	
Mother's/Guardian Name:	(Last)			(Maiden)	F	Religion
Mother's Address:	` '					Zip:
Mother's E-mail:		Ce	ell #:		Home #:	
Occupation:	Place of Work:			Work #:		
Parent/Guardian Military Ser	vice : (Name	e)				
Branch			Active	<u> </u>	Retired	
Child lives with: Father	Mothe	r Other	r (pleas	se specify) _		
Medical issues:		All	ergies:			
Number of children in home:	Age	es:		Former stud	dent(s): Ye	s No
If yes, please list name(s):						
Do you intend to continue you	ur child's ec	lucation at OLL	: Yes:	N	o:	
Family is registered at the foll	owing paris	h:				

PLEASE COMPLETE BOTH SIDES OF THIS FORM

School year: **2022-23**

Child's Name:	Date of Birth:					
Please check class registering for:						
THREE/FOUR YEAR PROGRAM	** <u>MUST</u> BE 3 or 4 YEARS BY <u>SEPTEMBER 10, 2022</u>					
Half Day Program # of days	Days: M T W TH F					
Full Day Program # of days	Days: M T W TH F					
	8 3 days - \$162 4 days - \$216 5 days - \$270 6 3 days - \$324 4 days - \$432 5 days - \$540					
*We will do our best to accommodate individual preference. Priority will be given to those who are attending the highest frequency of days in order to maximize the availability of spots.						
PRE-K PROGRAM (4 yrs. / 5 yrs.) ** MUST BE 4 YEARS BY SEPTEMBER 10, 2022						
A.M. Program 8:00 a.m. – 1	1:00 a.m. Monday through Friday \$270.00 per month					
A.M. & P.M. Program 8:00 a.m 3:00 p.m. Monday through Friday \$540.00 per month						
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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	d by school office)					
Birth Certificate:	n Certificate: Immunization Record:					
istration Fee Paid Amount Paid:						