



OUR LADY OF LOURDES SCHOOL

1305 5th Avenue South
Great Falls MT 59405

REGISTRATION

PRESCHOOL (Ages 3-4)

PRE-KINDERGARTEN (Ages 4-5)

School Year: **2024-25**

Child's Name: _____ Date of Birth _____ Ethnicity _____

Place of Birth: _____ Gender: F ___ M ___ **Catholic:** Yes ___ No ___

Father's/Guardian Name: _____ Religion _____
(Last) (First)

Father's Address: _____ Zip: _____

Father's E-mail: _____ Cell#: _____ Home#: _____

Occupation: _____ Place of Work: _____ Work#: _____

Mother's/Guardian Name: _____ Religion _____
(Last) (First) (Maiden)

Mother's Address: _____ Zip: _____

Mother's E-mail: _____ Cell#: _____ Home#: _____

Occupation: _____ Place of Work: _____ Work#: _____

Parent/Guardian Military Service: (Name) _____

Branch _____ Active _____ Retired _____

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: 2024-25

Child's Name: _____ Date of Birth: _____

Please check class registering for:

PRESCHOOL PROGRAM (3 yrs. /4 yrs.) * **MUST BE 3 YEARS BY SEPTEMBER. 10, 2024**

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

PRE-K PROGRAM (4 yrs./ 5 yrs.) * **MUST BE 4 YEARS BY SEPTEMBER 10, 2024**

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 2024-25 school year.

** 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: _____ Immunization Record: _____

Registration Fee Paid _____ Amount Paid: _____