

# WEDNESDAY NOTES

## **Our Faith in Action**

The 2nd grade will minister at Mass this Friday, January 17, at 8:30 a.m. All are welcome to join us!

Our virtue this month is HOPE. Some ways we can practice hope and encourage our kids to do so are by sharing hope with others, talking about the future, having an attitude of gratitude, and remembering that God is always with us.

## **Parent Information**

#### <u>Menu Change</u>

Menu change for this <u>Friday, January 17th</u>. Lunch will be turkey sandwich, veggies, fruit, and chips.

#### **Current Family Enrollment**

Enrollment for current families is now open. Please see the attached paperwork. Please indicate on your paperwork if you would like to pay your registration fee in the office or have it charged to your FACTs account.

#### Dessert Dash for the Lumen Christi - LINK IN EMAIL

If you or someone you know is a great dessert maker, this is for you! Please see the link I attached in the email if you wish to sign-up to provide a dessert for the "Dessert Dash" at the Lumen Christi event.

#### VOTE IN USING THE - LINK IN EMAIL

Please follow the link in my email to vote for our school to have custom "tiny saints" made for us. Type the zipcode 59405 instead of the school name.

## <u>Purchase tickets or sponsorships for the Lumen Christi - LINK IN EMAIL</u>

#### Help us improve School Safety

We have been blessed with a \$25,000 grant from the Gianforte Foundation for a new camera system. As a school, we have to contribute \$10,000. We are in dire need of a new camera system. Please spread the word that we are starting to work on raising \$10,000 toward a new camera system!

## **TRENDING THIS WEEK**

- Friday, January 17th
  2nd grade Mass
- Monday, January 20th
- No School
- Wednesday, January 22nd
  - Adoration 8:30 12:00

### On the path to Sainthood Winners

- Hudson Spiering
- Caleb Diekhans

# **UPCOMING EVENTS**

- Friday, January 24th
  - 1st grade Mass
  - 5th grade to Starbase
  - Dismiss at noon
  - Extended Care closes at noon
- Week of January 26th
  - Catholic Schools Week
- Tuesday, January 28th
- Mass at Holy Spirit
   Parish at 9:00 am

LUMEN CHRISTI BANQUET Saturday, February 1st at 5:30 pm at the Civic Center

# https://ollschoolgfmt.org

OUR LADY OF LOURDES SCHOOL

**K-8 RE-REGISTRATION** 

1305 5<sup>th</sup> Avenue South Great Falls, MT 59405

### School Year: 2025-26

Family Last Name:			
•	ade: Date of Birth:		_ N Ethnicity:
(Student Name)_			
	ade: Date of Birth:	Catholic: Y	N Ethnicity:
(Student Name)			au mais station
(Student Name)	rade: Date of Birth:	Catholic: Y	N Ethnicity:
	rade: Date of Birth:	Catholic: Y	N Ethnicity:
(Student Name)			
Father/Guardian's Name:			Religion:
	(Last)	(First)	
Home Address:			Zip Code:
Home Phone:	_Cell:	Email:	
Occupation:	Place of Work:	W	ork Phone:
Mother/Guardian's Name:			Religion:
riother outrantin o stanio	(Last)	(First) (Maid	len)
Home Address:			Zip Code:
Home Phone:	Cell:	Email:	
Occupation:	Place of Work:	N	Work Phone:
Child lives with: Father	_ Mother Other (sp	ecify)	1
Number of children in home:	Ages:	Former stude	nt(s): Yes No
If yes, please list name of former	student(s):		
FAMILY IS REGISTERED at the	e following parish:		
Parent /Guardian Military Ser	vice: Name(s):		
Branch		Active	Retired
PARENT/GUARDIAN AGREEMENT substantially less that the actual meet their tuition commitment as service as required and expected accurate to the best of our knowl	cost per student (approx., s well as their family oblig . We certify/acknowledge	\$6,000.00 per studer ation to our major fun	nt). Therefore, families need to ndraiser(s), volunteer work, and
Parent Signature:		Date	:

\*CHILDREN ENTERING KINDERGARTEN MUST BE 5 YEARS BY SEPTEMBER 10, 2025

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Special needs programs available at Our Lady of Lourdes Catholic School are of a limited nature and may not be able to address all special learning needs. Our school provides Title I Resource Room in Math and Reading, a school counselor, and tutoring services. Beyond this, our school may not be able to meet the needs of a particular student. Our school may determine that it may be in the child's best interest to be enrolled in a school that has resources necessary to meet his/her needs.

In an effort to ensure that all of your child's needs are met, the following information is required:

Was your child ever tested to determine academic level, learning disabilities, emotional or behavioral difficulties?

(	Student's Name)			
(	Student's Name)			
•	If yes, please describe the kind of testing, the date of testing, by whom testing was administered.			
(	(Student's Name)			
Ċ	(Student's Name)			
•	If no, please indicate if you	have any concerns about your child's	academic, emotional or se	ocial behavior
i	(Student's Name)			
	(Student's Name)			
If the	e child has special medical	needs, please explain: Please list nar	ne(s)/needs:	
II UN				
		* * * *	*	
	1. Name of school la	ast attended:		Last grade attended:
	3. Phone number:		_ Fax #	
	<b>UIRED Documents</b> or Acceptance *)	* Birth Certificate	* Immunizati	on Record
F	aith Documents:	Baptism Certificate	First Sacram	nents
	* * * * * *	* * * * * * * * * * * *	* * * * * * * * *	* * *
	DUE WITH THIS RE (TO BE APF	GISTRATION: \$150.00 RE PLIED TO THE 2025-26 FAMILY TO	GISTRATION FEE F	
Fifty	nercent of the denosit	able if notification is given to the is refundable if withdrawal occur une 30, 2025, the entire deposit	s before June 30, 2025	f the current school year. of the current school year.

Registration paid: \$\_\_\_\_\_ Date: \_\_\_\_\_

OUR LADY OF LOURDES SCHOOL 1305 5<sup>th</sup> Avenue South Great Falls MT 59405 **REGISTRATION 2025-26** Preschool (Ages 3-4) PreKindergarten (Age 4-5)

Child's Name:	Birth Date	Ethnicity
Place of Birth:	Gender: F M	_ Catholic: Yes No
Father's/Guardian Name:	(Last) (First)	Religion
Father's Address:		Zip:
Father's E-mail:	Cell #:	Home #:
Occupation:	Place of Work:	Work #:
Mother's/Guardian Name	(Last) (First) (Maid	Religion
Mother's Address:		
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 spec	sify)
Medical issues:	Allergies:	
Number of children in home	: Ages: Forme	r student(s):   Yes No
If yes, please list name(s):		
Do you intend to continue y	our child's education at OLL: Yes:	No:
Family is registered at the fo	llowing parish:	

PLEASE COMPLETE BOTH SIDES OF THIS FORM

### Please check class registering for:

PRESCHOOL PROGRAM (3 yrs. /4 yrs.)	* <u>MUST</u> BE 3 YEARS BY <u>SEPTEMBER. 10, 2025</u>		
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.)5 Days a Week:Full Day (\$540.00 per month)	* <u>MUST</u> BE 4 YEARS BY <u>SEPTEMBER 10, 2025</u> 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

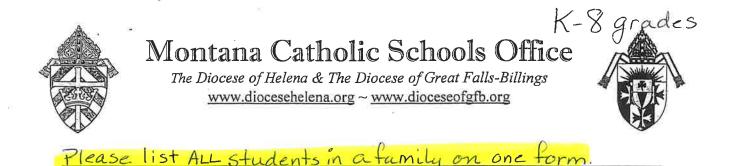
Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED DOCUMENTS**: (to be completed by school office)

Birth Certificate: \_\_\_\_\_\_ Immunization Record: \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_\_ Amount Paid: \_\_\_\_\_



one

on

form

# Parental / Guardian Consent Form

Student / Participant:		
Birth date:	Sex:	
Parent/Guardian's Name	11 2	
Home Address:	City / Zip	
Home Phone:	Business Phone:	
9	3	
I,	(parent/guardian name) grant permission for my child,	
, (child's name) to participate in this school event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from The Diocese.		
Type of Event: Catholic Schools Week M	Ass at 9:00 a.m. 1/28/2025	
Type of Event:Date of Event:Catholic Schools Week Mass at 9:00 a.m.1/28/2025Destination of Event:1/28/2025Holy Spirit Church 201 444th ST. 50.Cost of Event:Individual in Charge:Staff		
Individual in Charge: Staff		
Estimated time of departure: SUSTRIATION Estimated time of return: 10:30-10:45 a.m.		
Mode of transportation to and from event: Bus		
As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic school, the Diocese, its officers, directors and agents and the Dioceses, chaperones or representatives association with the event arising from or in connection with any illness or injury or cost of medical treatment in connection therewith and I agree to compensate The Diocese, its officers, directors and agents and expenses arising in connection therewith.		
Signature	Date	
e 	· .	
<b>v</b>		
DRESS CODE FOR THIS EVENT: Polo's and thakies		
No jeans or sweats		

November 2011