



OUR LADY OF LOURDES CATHOLIC SCHOOL

TRENDING THIS WEEK

- Thursday, January 30th
 - Dress-up as your future career
- Friday, January 31st
 - Dress as your favorite OLL staff member
 - BINGO at 1:00 pm
- Saturday, February 1st
 - Lumen Christi Banquet
 - 5:30 pm – Civic Center

On the path to Sainthood Winners

- Lane Rasmussen
- Teagen Kimmet
- Hudson Spiering
- Caleb Diekhans
- Clara Rohloff
- Emma St. Marks

UPCOMING EVENTS

- Thursday, February 6th
 - Spirit Day

Middle School Basketball starts in February. Be on the lookout for more information!

WEDNESDAY NOTES

Our Faith in Action

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

Parents and caretakers... please do not stop in the middle of the street to pick-up or drop off your children. Thank you!

Purchase tickets or sponsorships for the Lumen Christi - [LINK IN EMAIL](#)

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. Registration opens to the general public today.

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!

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

February 2025

1305 5th Ave. South
Great Falls, MT
Phone: 406.452.0551
Fax: 406.761.7180

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Lumen Christi Fundraiser
2	3	4	5	6 Spirit Day	7 School Mass (8 th)	8
9	10	11	12	13	14 School Mass (5 th) M.S. Ski Trip St. Valentines Day	15
16	17 No School Presidents' Day Home and School Meeting	18	19	20	21 School Mass (6 th)	22
23	24	25 2:30 Dismissal	26 Third Quarter Midterm Adoration and Confession	27 School/Parish Book Fair	28 School Mass (7 th)	

Our Lady of Lourdes School Mission Statement

With complete trust in Jesus Christ, Our Lady of Lourdes Catholic School is committed to promoting academic excellence while encouraging the spiritual and moral development of each student in accordance with the Catholic Church. In a Christian environment, each student is encouraged to develop a personal relationship with Christ and to be responsible, compassionate, and just.



FEBRUARY LUNCH MENU 2025

Our Lady of Lourdes School

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 oz. milk served daily with lunch						1-
2-	3- Chicken Alfredo Pasta Mixed Vegetables Apple Bread Stick Presentation of the Lord	4- Beef Taco Salad Oranges Blueberry Muffin	5- Turkey Gravy Mashed Potatoes Veggies Cinnamon Apples Whole Wheat Roll	6- Asian Buffet Sweet & Sour Chicken Egg Roll , Fried Rice, Teriyaki Vegetables Pineapple	7- Cheese Pizza Salad Banana	8-
9-	10- Cheeseburger Deluxe Baked Beans Veggies Cantaloupe	11- Chicken Taco Salad Peaches	12- Ham & Cheese Slider Fries Veggies Apple	13- Chicken Patty Sandwich Salad Oranges Chips	14- Tomato Soup Grilled Cheese Sandwich, Veggies, Pears ST. VALENTINE'S DAY	15-
16-	17- NO SCHOOL Presidents' Day	18- Chicken Quesadilla Salad Apple	19- Chili Veggies Pear Cinnamon Roll	20- Chicken Strips Cheese Fries Salad Bread & Butter	21- Mac & Cheese Green Beans Veggies Oranges	22-
23-	24- Breakfast Sandwich Oven Potatoes Veggies Mandarin Oranges	25- Taco Salad Bar Fruit Tray Muffin	26- Spaghetti Corn Melon Bread Stick	27 Teriyaki Chicken Rice Salad Banana	28- Fish Sticks Fries Veggies Strawberries Whole Wheat Roll	



OUR LADY OF LOURDES SCHOOL
1305 5th Avenue South
Great Falls, MT 59405

K-8 RE-REGISTRATION

School Year: 2025-26

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

Family Last Name: _____

(Student Name) Grade: _____ Date of Birth: _____ **Catholic:** Y ___ N ___ Ethnicity: _____

(Student Name) Grade: _____ Date of Birth: _____ **Catholic:** Y ___ N ___ Ethnicity: _____

(Student Name) Grade: _____ Date of Birth: _____ **Catholic:** Y ___ N ___ Ethnicity: _____

(Student Name) Grade: _____ Date of Birth: _____ **Catholic:** Y ___ N ___ Ethnicity: _____

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

Home Address: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Occupation: _____ Place of Work: _____ Work Phone: _____

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

Home Address: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Occupation: _____ Place of Work: _____ Work Phone: _____

Child lives with: Father _____ Mother _____ Other (specify) _____

Number of children in home: _____ Ages: _____ Former student(s): Yes ___ No ___

If yes, please list name of former student(s): _____

FAMILY IS REGISTERED at the following parish: _____

Parent /Guardian Military Service: Name(s): _____

Branch _____ Active _____ Retired _____

PARENT/GUARDIAN AGREEMENTS: We understand that the tuition at Our Lady of Lourdes Catholic School is substantially less than the actual cost per student (approx., \$6,000.00 per student). Therefore, families need to meet their tuition commitment as well as their family obligation to our major fundraiser(s), volunteer work, and service as required and expected. We certify/acknowledge that all information given in this registration form is accurate to the best of our knowledge.

Parent Signature: _____ **Date:** _____

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)

_____ (Student's Name)

- If no, please indicate if you have any concerns about your child's academic, emotional or social behavior

_____ (Student's Name)

_____ (Student's Name)

If the child has special medical needs, please explain: Please list name(s)/needs: _____

* * * * *

1. **Name of school last attended:** _____ Last grade attended: _____

2. Address: _____ Zip Code: _____

3. Phone number: _____ Fax # _____

REQUIRED Documents * Birth Certificate _____ * Immunization Record _____
(For Acceptance *)

Faith Documents: Baptism Certificate _____ First Sacraments _____

* * * * *

**DUE WITH THIS REGISTRATION: \$150.00 REGISTRATION FEE PER FAMILY
(TO BE APPLIED TO THE 2025-26 FAMILY TUITION COMMITMENT)**

The deposit is 100% refundable if notification is given to the office before the end of the current school year. Fifty percent of the deposit is refundable if withdrawal occurs before June 30, 2025 of the current school year. If notification occurs after June 30, 2025, the entire deposit is non-refundable.

Registration paid: \$ _____ Date: _____

OUR LADY OF LOURDES SCHOOL
1305 5th 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: _____ 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

Please check class registering for:

PRESCHOOL PROGRAM (3 yrs. /4 yrs.) * **MUST BE 3 YEARS BY SEPTEMBER. 10, 2025**

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, 2025**

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: _____