



**OUR LADY OF LOURDES SCHOOL**

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

**REGISTRATION**

**PRESCHOOL (Ages 3-4)**

**PRE-KINDERGARTEN (Ages 4-5)**

School Year: **2025-26**

**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: 2025-26

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 2025-26 school year.

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\*\* 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: \_\_\_\_\_