

**OUR LADY OF THE LAKE CATHOLIC PRESCHOOL / KINDERGARTEN
REGISTRATION FORM**

2016 – 2017

*Child's Last Name: _____ *Child's First Name: _____

*Street Address: _____ *Zip: _____

*Male ___ Female ___ *Place of Birth _____ *Date of Birth ___/___/___

*Home Phone: _____ *Email Address: _____

*Mother's Name: _____ *Cell #: _____ Work#: _____

*Father's Name: _____ *Cell #: _____ Work #: _____

*Marital Status: Married _____ Single _____ Divorced _____ Separated _____

*Are there any parental restrictions? Yes _____ No _____ If Yes, please explain: _____

(The following is for Diocesan statistical information and has no bearing on enrollment.)

Religion: _____ Registered at Our Lady of the Lake Parish: Yes ___ No ___

Ethnic background: ___ American Indian/Native Alaskan ___ Asian/Pacific Islander
 ___ African American ___ Hispanic
 ___ Caucasian ___ Other

Please note: **\$25.00 Non-Refundable Registration Fee due with application.** Class placement is determined upon availability of space, ages of children and other factors. Please indicate your first and second choices for the program preferences. Every effort will be made to place child in the parents' first preference. **Kindergarten enrollment is based on birth date as of 8/31/10.**

(Child Must Be Toilet Trained)

Three, Four & Five year old	Tuesday & Thursday \$55.00 per week	___7am - 12pm
	\$60.00 per week	___7am - 6pm
Three, Four & Five year old	Monday, Wednesday, Friday \$70.00 per week	___7am - 12pm
	\$80.00 per week	___7am - 6pm
Three, Four & Five year old	Monday-Friday \$105.00 per week	___7am - 12pm
	\$120.00 per week	___7am - 6pm
Kindergarten	\$500 per month Annually \$5,000.00	___8am - 2:30pm
Kindergarten After School Care	\$10.00 per day	___3:00pm - 6pm

Tuition Assistance available for Kindergarten

*Child's Doctor & Phone Number _____

*Does your child have any allergies? Yes _____ No _____ please list _____

*Does your child have any physical restrictions? Yes _____ No _____

*Please list the Names, Addresses, and Phone Numbers of Authorized Persons to pick up your child:

*Please list ONE Emergency Name & Phone Number: _____