OF THE

Our Lady of the Lake Catholic School 2023-2024

Street Address:	Child's First Name:		Child's Last Name:				
Contact Email:	Street Address:			_ Zip:			
Mother's Name:	Male Female	_ Place of Birth		Date of Birth/	<i></i>		
Father's Name:	Contact Email:			Mom	Dad		
Mother's Employer:	Mother's Name:	Cell #:		Work#:			
Parent's Marital Status: MarriedSingle Divorced Separated	Father's Name:	Cell #:		_Work #:			
Are there any parental restrictions? YesNo If Yes, please explain:	Mother's Employer:	Father's Employer:					
The following is for Diocesan statistical information and has no bearing on enrollment.) Religion:	Parent's Marital Status:	Married Single Div	orced Separated				
Religion:	Are there any parental restrictions? Yes No If Yes, please explain:						
Ethnic background:American Indian/Native AlaskanAsian/Pacific IslanderAfrican AmericanHispanicOther	(The following is for Diocesan statistical information and has no bearing on enrollment.)						
	Religion:	Register	ed at Our Lady of the I	.ake Parish: Yes No_			
CaucasianOther	Ethnic background:	American Indian/Native Alaskan		_ Asian/Pacific Islander			
If you are Catholic, then you must provide an original Baptismal Certificate for each child. Please note: \$50.00 Non-Refundable Registration Fee due with application. The fee for Pre-School is \$600.00 per month which is due the first Monday of each month. Class placement is determined upon availability of space; your child must be 3 years of age by 9/1/2023. Child Must Be Toilet Trained. If there are repeated problems your child may be removed from program. Child's Doctor Phone # Does your child have any allergies? Yes No please list Does your child have any physical restrictions? Yes No If so what: Authorized Persons to pick up your child: (other than parents) Name Phone# Name Relationship: Phone# Please list <u>ONE</u> Emergency Name & Phone Number: other than yourself Name Parents Mandeory Volunteer Hours for Parents in 2023-2024. All families are required to do 24 hours of volunteer service to the school per year. If you have more than once child in school, you would only need to complete 24 hours per family. Parents MUST take a Safe Environment Training in order to volunteer in the school and these hours will be credited toward their volunteer hours for this training.		African American		_ Hispanic			
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Please list ONE Emergency Name & Phone Number: other than yourself Name	Name	Relation	ship:	_Phone#	-		
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Parent Signature Date	year. If you have more th	year. If you have more than once child in school, you would only need to complete 24 hours per family. Parents MUST take a Safe					
	Parent Signature			Date_			