

**OUR LADY OF PEACE SCHOOL REGISTRATION FORM
3 YEAR OLD NURSERY PROGRAM
2023/2024 SCHOOL YEAR**

TODAY'S DATE _____

STUDENT'S NAME _____
(Last) (First) (Middle)

ADDRESS _____

(City) (State) (Zip)

HOME PHONE _____ **SCHOOL DISTRICT** _____

EMAIL ADDRESS THAT YOU WOULD LIKE TO RECEIVE NOTICES AT-

(PLEASE PRINT CLEARLY) _____

CHILD'S DATE OF BIRTH _____ **PLACE OF BIRTH** _____

GENDER ____ Male ____ Female **ETHNICITY** ____ Hispanic or Latino ____ Not Hispanic or Latino

RACE ____ American Indian or Native American ____ Native Hawaiian/Pacific Islander
____ Black or African American ____ Asian ____ White

STUDENT RESIDES WITH ____ Both Parents ____ Mother ____ Father ____ Guardian

RELIGION _____ **LANGUAGE SPOKEN IN HOME** _____

HOME PARISH _____

PARISH ADDRESS _____

SACRAMENT	DATE	CHURCH NAME	ADDRESS- CITY, STATE, ZIP
BAPTISM			

LAST SCHOOL ATTENDED _____ **GRADE COMPLETED** _____

ADDRESS _____

_____ My child will attend 9:00AM to 12:00PM

_____ 2 days(Tues/Thurs) _____ 3 Days (Mon/Wed/Fri) _____ 5 Days (Mon – Fri)

_____ My child will come in from 8:00AM to 9:00AM for an extra fee

_____ My child will stay from 12:00PM – 1:00PM for an extra fee

DOES YOUR CHILD RECEIVE SUPPORT SERVICES? _____

FAMILY INFORMATION

MOTHER'S NAME(Last, First) _____

MOTHER'S MAIDEN NAME _____

MOTHER'S RELIGION _____ **PLACE OF BIRTH** _____

MOTHER'S OCCUPATION _____

PLACE OF EMPLOYMENT _____

MOTHER'S BUSINESS ADDRESS _____

WORK PHONE _____ **CELL PHONE** _____

MOTHER'S EMAIL (please print clearly) _____

FATHER'S NAME(Last/First) _____

FATHER'S RELIGION _____ **PLACE OF BIRTH** _____

FATHER'S OCCUPATION _____

PLACE OF EMPLOYMENT _____

FATHER'S BUSINESS ADDRESS _____

FATHER'S WORK PHONE _____ **CELL PHONE** _____

FATHER'S EMAIL (please print clearly) _____

GUARDIAN' NAME _____ **PHONE #** _____

NAME OF SIBLINGS _____ **DATE OF BIRTH** _____

_____ **DATE OF BIRTH** _____

_____ **DATE OF BIRTH** _____

PARENTS SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Birth Certificate	
Baptismal Certificate	
Immunization Record	
Registration Fee	