

OUR LADY OF PEACE SCHOOL REGISTRATION FORM
3 YEAR OLD NURSERY PROGRAM
2024/2025 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			

_____My child will attend 9:00AM to 12:00PM

_____My child will attend from 8:00AM to 9:00AM (Beforecare)

_____My child will attend from 12:00PM to 1:00PM (Aftercare)

_____I would be interested in full day if offered – 9:00AM to 2:30PM

_____2 days(Tues/Thurs) _____3 Days (Mon/Wed/Fri) _____5 Days (Mon – Fri)

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** _____

Please make \$100 Non-Refundable Registration Fee check payable to Our Lady of Peace School.

FOR OFFICE USE ONLY

____ Birth Certificate ____ Baptismal Certificate ____ Immunization Record ____ Registration Fee