



OLMC
CATHOLIC SCHOOL

Dear Parents,

Please complete this form to secure your child(ren's) position for next year. Once completed, return it to school as soon as possible and **NO LATER THAN JANUARY 23, 2019.**

When filling out the form, please follow the steps below:

1. List children attending from **OLDEST TO YOUNGEST, BAPTISMAL NAME, AND GRADE FOR NEXT YEAR**
2. Registering a child for Kindergarten who will be **five by August 1, 2019** please list him/her in the **designated box**
3. **REGISTRATION FEE FOR ALL DAY KINDERGARTEN \$250.00 NON-REFUNDABLE**

Please know that failure to register your child during this period will result in losing your child's position next year. This Form & Full Day Kindergarten fee are due to the school office by January 23, 2019.

**PLEASE COMPLETE THIS PORTION AND RETURN TO SCHOOL
BY JANUARY 23, 2019
PLEASE PRINT**

NAME OF PARENTS: _____

LAST

FIRST

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

<u>ONLY FOR KINDERGARTEN</u>		Please circle: Full Day/ Half Day Program	
		If half day, I prefer ____AM ____PM	
NAME		DATE OF BIRTH	

NAME OF CHILD

GRADE NEXT YEAR

DATE OF BIRTH

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are anticipating a move before the school year begins or will not return for other reason, please indicate:
Check here if NO ONE will be returning to OLMC _____