



OUR LADY OF SORROWS
PRE-K - 8
CATHOLIC ELEMENTARY SCHOOL

OUR LADY OF SORROWS SCHOOL

Our Lady of Sorrows-Saint Anthony's Parish, Hamilton, NJ

2017-2018

PRESCHOOL REGISTRATION FORM



PLEASE PRINT CLEARLY

Session Requested: _____ Second Choice: _____

Child's Last Name: _____ First Name _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____ Home Phone # _____

Child's Birth Date: _____ Sex of Child _____ Child's Age at start of session _____

Registered Parish: _____

Father's Full Name _____ Occupation _____

Father's Place of Employment _____ Religion _____

Father's Work # _____ Cell # _____

Father's email address: _____

Mother's Full Name _____ Occupation _____

Mother's Place of Employment _____ Religion _____

Mother's Work Number _____ Cell # _____

Mother's email address: _____

How did you hear of OLS: _____

FAMILY INFORMATION

Please list ALL family members other than the child registered that live in your household. Specify name, age and relationship of each person to child.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Please attach an explanation of extraordinary family circumstances if it applies. This will help us service your child better. If there are any custody concerns, please indicate.

Signature of Person Responsible for Picking Up Your Child: _____

Signature of Person Responsible for Payment of Child's Tuition: _____