



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

OUR LADY OF SORROWS SCHOOL

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

2018-2019

PRESCHOOL REGISTRATION FORM



PLEASE PRINT CLEARLY

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 about 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: _____

Any other important information you may wish to share with our staff may be included at the end of this application. You may wish to share your child's nickname, special eating habits, thumb sucking patterns, speech, hearing, or eyesight problems, special needs, fears, like and dislikes and any pertinent health information. No information is too small to share with us regarding helping your child adjust and feel comfortable in school.

SNACKS and LUNCH: Parents are asked to send their child to school with a snack if they are in the half day sessions and for full day sessions they should bring a snack and lunch from home to include beverage and any utensils needed for full day sessions.

WHAT DO I NEED TO BRING? Snacks, Lunch, and Sleeping Bag or Mat. If your child is going to take advantage of our After-School Program, you will need to pack an extra snack and drink.

*******MOST IMPORTANT*******

Please list and explain **ALL** allergies to foods, medications, insect bites, bee stings, etc. Please add any procedures that are to be followed if your child becomes exposed to the allergic element. (For example: What would you like us to do if your child is allergic to bee stings and he/she is stung on the playground? Will you provide medication? Should we administer medication and/or call 911 immediately?)

Please inform us of the procedure you would like us to follow. Remember that any medication that we need to administer **MUST** be accompanied by a note from your child's physician with instructions for use.

List the name and phone numbers of two persons we may reach in case of an emergency if neither parent can be reached:

Name: _____ Relationship to child _____

Home Phone #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to child _____

Home Phone #: _____ Work #: _____ Cell #: _____

Name, Address and Phone number of your child's current pediatrician:

Doctor: _____ Address: _____

Phone # _____ Fax # _____

Parent Signature _____ Date: _____