

Our Lady of Mt. Carmel Regional School  
Registration Form 2017-2018  
Preschool

Student Name: (last) _____ (first) _____ Male/Female
Date of Birth _____ PK3 ___ PK4 ___
Full Day _____ Half Day _____ Days Attending (circle) M T W TH F
Home Phone: _____
Address: _____ Town: _____ Zip: _____

Mother/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business # \_\_\_\_\_

Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business # \_\_\_\_\_

Email \_\_\_\_\_

Maternal Grandparents: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Paternal Grandparents: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Any special medical needs: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) to notify in case of an emergency when unable to contact the parent/guardian:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Religious Affiliation: \_\_\_\_\_ Current Parish: \_\_\_\_\_

Sacraments Received:

Baptism: Date \_\_\_\_\_ Parish: \_\_\_\_\_

Please list any family members who are alumni of OLMC:

\_\_\_\_\_

Referred to OLMC by: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_