

Our Lady of Mt. Carmel Regional School  
Registration Form 2019-2020  
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: \_\_\_\_\_