

Our Lady of Consolation Early Learning Center Registration Form



Registration for: 2 year old class Wed.	a.m. _____ *requirement - must turn 2 before Sept. 1 st
3 year old class Tues/Thurs.	a.m. _____
4 year old class M/W/F	a.m. _____
4 year old class M/W/F	Full Day _____
4 year old class M - F	a.m. _____
4 year old class M - F	Full Day _____

** Please be sure to print clearly.

Child's Full Name: _____ Nickname: _____

Parent's Name: _____

Child's Date of Birth: _____ Age: _____ Male: _____ Female: _____

Home Address (include zip code): _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____ School District: _____

Mother's Place of Business: _____ Phone #: _____

Father's Place of Business: _____ Phone #: _____

If someone other than parents will drop off or pick up child, please list name and number: _____

If unable to reach parents, list name with phone number of a person we could contact in emergency or illness:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of people in household: _____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

Child's Physician: _____ Phone: _____

List any allergies and other medical situations teachers should be aware of: _____

List any medications your child takes on a regular basis: _____

Does your child need assistance with any bathroom procedures?: If yes, explain: _____

Please list any helpful information the teacher should be aware of (i.e. divorce, speech/hearing concerns, fear of new situations, etc.) Attach explanation if necessary: _____

What skills, interests, or hobbies would you or a family member be willing to share with our school or parents, i.e. fireman, police, armed forces, medical field, hobbies, etc.? _____

Are you available to help occasionally in the classroom? _____ Are you a certified teacher: _____

Are you interested in substituting as a class aide? _____

May your child go on fieldtrips? _____ Are you able to go along? _____

Do you have a computer at home? _____

Does your child have the opportunity to use the computer? _____

I give my permission for our address and phone number to be included with my child's name in the Early Learning Center Directory. Yes _____ No _____

I have disclosed all pertinent information about my child including any special needs.

Parent/Guardian Signature: _____

Please send a **non-refundable** registration fee with this application to:

O.L.C. Early Learning Center
603 West Second Avenue
Parkesburg, PA 19365

_____ \$100 Registration Fee (\$50 will go towards last month's tuition)

Office Use Only

- _____ Registration Fee
- _____ Emergency Medical Release Form
- _____ Code Word Form
- _____ Volunteer Form
- _____ Picture Release Form
- _____ Emergency Card
- _____ Calendar
- _____ Payment Booklet

Questions, phone: 610-857-1163
email: olcelc1163@gmail.com