

**PRESCHOOL REGISTRATIION FORM 2010-2011**

Our Lady of Mount Carmel Preschool  
2609 Tenth Street  
Wyandotte, MI 48192

**TODAY' S DATE** \_\_\_\_\_

**STUDENT:**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
LAST FIRST MIDDLE MM/DD/YY

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE ZIP

BIRTHPLACE: \_\_\_\_\_ ETHNIC(cultural) BACKGROUND: \_\_\_\_\_

LANGUAGES SPOKEN AT HOME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

BAPTISM: \_\_\_\_\_  
DATE CHURCH

SCHOOL/PROGRAM LAST ATTENDED: \_\_\_\_\_  
SCHOOL NAME CITY, STATE

HAS YOUR CHILD BEEN RECOMMENDED FOR:

SPEECH/LANGUAGE DELAY: YES NO SPECIAL CLASS SETTING YES NO

PSYCHOLOGICAL TESTING: YES NO

PLEASE INDICATE ANY SPECIAL FAMILY SITUATIONS OR NEEDS OF THE STUDENT:

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**FAMILY INFORMATION:**

\_\_\_\_\_  
FATHER-LAST NAME FIRST MIDDLE INITIAL COUNTRY OF BIRTH

OCCUPATION \_\_\_\_\_  
RELGION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
NAME WORK PHONE

\_\_\_\_\_  
MOTHER-LAST NAME FIRST MIDDLE INITIAL COUNTRY OF BIRTH

OCCUPATION \_\_\_\_\_  
RELGION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
NAME WORK PHONE

CHILD LIVES WITH(CIRCLE ONE) :

BOTH PARENTS

MOTHER

FATHER

GUARDIAN

OTHER-PLEASE EXPLAIN \_\_\_\_\_

PARISH PARENTS ARE REGISTERED IN:

PARISH NAME	CITY/STATE
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PLEASE LIST NAMES OF OTHER FAMILY MEMBERS AND IMPORTANT PEOPLE IN YOUR CHILD'S LIFE, INCLUDING SIBLINGS AND EVEN PETS:

NAME	RELATIONSHIP	AGE
NAME	RELATIONSHIP	AGE
NAME	RELATIONSHIP	AGE
NAME	RELATIONSHIP	AGE

If Applicable: I was referred to OLMC by the \_\_\_\_\_ family.

(registration fee: \$35.00)

**TO BE FILLED OUT BY DIRECTOR ONLY:**

REGISTERED IN: \_\_\_ 3 YEAR PROGRAM \_\_\_ 4 YEAR PROGRAM

DATE OF REGISTRATION: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

Check #: \_\_\_\_\_