

Our Lady of the Holy Rosary School
Gardner, Massachusetts

Preschool Registration

Date _____

Student's Last Name _____ First Name _____ Middle _____

Student's Social Security Number _____ Male _____ Female _____

Student's address _____ Town/State/Zip _____

Telephone _____

Student lives with: (circle one) both parents mother father other

Parent/Guardian Information:

Father's/Guardian's Name _____

Address _____ City/State/Zip _____

Telephone _____ Cell/Beeper _____

Mailing Address _____ Town/State/Zip _____

(If different from above)

Place of Employment _____ Phone # _____

Mother's Name _____ Maiden name _____

Address _____ City/State/Zip _____

Telephone _____ Cell/Beeper _____

Place of Employment _____ Phone # _____

Number of children attending Our Lady of the Holy Rosary School _____

Names: 1. _____ 3. _____
 2. _____ 4. _____

Student's date of birth _____

Student's place of birth _____

Race: Native American _____ Black _____ Asian _____ Hispanic _____ White _____ Other _____

Please indicate the program, which you are registering your child/children for:

(please, select a first and second choice)

PK (3 day) (M,W,F) _____ 8:15 – 11:00 a.m.

PK-2 (2 day) (T,TH) _____ 8:15 – 11:00 a.m.

Please see other side

Catholic _____ Non-Catholic _____

Parish Registered and Attending _____

Sacraments:

Baptism: Church _____

City/State _____

Date _____

Tuition:

Name/address of the person who will be responsible for the tuition payments:

Please check method of payment: _____ Annually
_____ Monthly (completed FACTS contract must accompany this form)

For Office Use Only

Date registration received _____ Check # _____ Amount _____

FACTS agreement received _____

Commitment form received _____