

An educational ministry of the Daughters of Our Lady of the Garden since 1972

REGISTRATION FORM

Date of Registration:/	School Year: 20 20					
Child's Last Name:	Child's First Name:		MI	-		
Parental/Family Information:						
Mother's/Guardian's Last Name:	Mother's/Guardian's First Name:					
Mother's/Guardian's Occupation:	Place of Employment:					
Employment Address:	M Dis HARR					
Mother's/Guardian's Cell: ()	Mother's/Guardian's W	ork Telephone: ()			
Mother's E-mail Address:						
Father's/Guardian's Last Name:	her's/Guardian's Last Name: Father's/Guardian's First Name:					
Father's/Guardian's Occupation:	Place of Emp	loyment:				
Employment Address:		rd Ref. L				
Father's/Guardian's Cell: ()	Father's/Guardian Work	Telephone: ()			
Father's E-mail Address:						
Residence Information:						
Address:						
Street		Town		Zip Code		
Home Telephone Number: ()						
Child's Personal Information: Date of Birth:		Gender:	⊒ Female	■ Male		
Are there any dietary restrictions for your child?	Yes If yes, explain: _	The state of the s				
Is he/she allergic to anything?	explain:					
What is the religion of your child?						

☐ Tiny Treasures						
☐ 3 Half Days	7:30 AM - 12:30 PM	М	т	W	TH	F
☐ 5 Half Days	7:30 AM - 12:30 PM					
2 Full Days	7:30 AM - 4:00 PM	M	Т	W	TH	F
☐ 3 Full Days	7:30 AM - 4:00 PM	M	T	W	TH	F
☐ 5 Full Days	7:30 AM - 4:00 PM					
☐ PreK 3						
☐ 3 Half Days	7:30 AM - 12:30 PM	M	Т	W	TH	F
5 Half Days	7:30 AM - 12:30 PM					
☐ 3 Full Days	7:30 AM - 4:00 PM	M	T	W	TH	F
☐ 5 Full Days	7:30 AM - 4:00 PM					
☐ PreK 4						
☐ 3 Half Days	7:30 AM - 12:30 PM	М	Т	W	тн	F
☐ 5 Half Days	7:30 AM - 12:30 PM					
☐ 3 Full Days	7:30 AM - 4:00 PM	М	Т	w	TH	F
☐ 5 Full Days	7:30 AM - 4:00 PM					

Parent Signature:	Date:	
A \$50.00 Non-refundable fee is due at the time of regis	stration.	□ Check