

OUR LADY OF LOURDES PRESCHOOL

October 3, 2022

Dear Parents,

Thank you for your interest in the Our Lady of Lourdes Preschool Program. We will be accepting registration forms, along with the registration fee of \$100, from October 3 2022 thru October 21,2022. We will be letting parents know if their child made it into our program *by* November 7, 2022. We currently have 2 programs, a Pre-school 3 year old room and a Pre-Kinder 4 year old room. If your child will be 4 by August 1, 2022 they would be in our Pre-Kinder class, as they will be eligible for Kindergarten the following school year. If your child will be 3 by August 1, 2022 they will fill our Preschool class, and move on to the Pre-Kinder the following year. If you have any questions please feel free to give us a call 502-893-5881.

Thank you,

Ms. Dana Payton

Director of Preschool

OUR LADY OF LOURDES PRESCHOOL 2022/23

REGISTRATION ACCEPTANCE PROCEDURES

1. Children who will be returning.
2. Children who will turn 4 years old by August 1, 2023 whose parents are active members in order of date of registration into the parish. Children who will turn 3 years old by August 1, 2023 whose parents are active members in order of registration into the parish. (See definition of *Active* below) ****CHILDREN MUST BE FULLY POTTY TRAINED.**
Potty trained is a **must** as we aren't licensed to change children.
3. *Active* defined as intention card signed and submitted and parishioner honoring intention to parish.
4. Families that have other children attending Our Lady of Lourdes School.
5. Families that intend on sending their child to Our Lady of Lourdes School.
6. Non active parishioners by date of registration into the parish.
7. Non parishioners in order of when applications are returned.

Our Lady of Lourdes Preschool Program

2023-2024

Registration Fee \$100.00 per Child

Information about Child

Last Name: _____ First: _____ M.I. _____

Name your child goes by: _____

Address: _____ Zip _____ Phone: _____

Birthdate: Month: ___ Day: ___ Year: _____ Age as of 8-1-23: _____

Parent Information

Mother's Name: _____ Address: _____ Zip _____

Mother's Home #: _____ Work #: _____ Cell # _____

Mother's Employer: _____ Occupation: _____

Father's Name: _____ Address: _____ Zip _____

Father's Home #: _____ Work #: _____ Cell # _____

Father's Employer: _____ Occupation: _____

E-Mail address _____ E-Mail address _____

Persons authorized to pick up your child other than parents

Person One: _____ Ph#: _____ Relation: _____

Person Two: _____ Ph#: _____ Relation: _____

Person Three: _____ Ph#: _____ Relation: _____

Person Four: _____ Ph#: _____ Relation: _____

Emergency Numbers other than parents (Must list at least two)

Contact One: _____ Phone #: _____

Contact Two: _____ Phone #: _____

Contact Three: _____ Phone #: _____

My child will be attending: 7:15-1:00 or 7:15 to 2:50 or 7:15 to 6:00 5 days a week
7:15 to 12:50 TH
With this option

Has your child attended a licensed childcare facility previously? Yes _____ No _____
Do you intend for your child to attend Our Lady of Lourdes School grades Kindergarten through 8th grade?
YES _____ NO _____
Do you have other children that are already attending Our Lady of Lourdes school Yes _____ No _____

Is your child fully potty trained? Yes _____ No _____
I agree that my child WILL BE fully potty trained by the 1st Day of school.

FULLY POTTY TRAINED includes:

- *When engaged in activity, being able to know they need to stop and go potty.
- *Being able to wake up during a nap if they need to go potty.
- *Being able to take care of properly cleaning themselves after using the potty.

Our Lady of Lourdes Aftercare/Pre-School Program
Medical Release Form

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Aftercare/Pre-School Program.

I hereby grant permission for the Director of person placed in charge by the Director to take whatever steps may be necessary to obtain emergency medical care.
The steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed in the emergency contact list on the registration form.
2. If we cannot contact your or your child's physician, we will do one or both of the following: (a) call another physician or paramedics (b) have the child taken to an emergency hospital by ambulance in the company of a staff member. In no instance will the child be transported by a staff member's vehicle.
3. Any expenses incurred under 2, above, will be borne by the child's family.
4. The Program will not be responsible for anything that happens as a result of false information give at the time of the enrollment.
5. The Program will not assume responsibility for a child who has not been registered in the Aftercare/Pre-School Program or who has not reported to the staff that day.

Does your Child have any physical condition(s) or allergies of which we should be made aware?
Yes _____ No _____ If "Yes," please explain.

Child's Physician _____ Phone _____

Hospital _____ Phone _____

Signed (Mother) _____ Date _____

or

Signed (Father) _____ Date _____