

# OUR LADY OF CONSOLATION EARLY LEARNING CENTER



## REGISTRATION FORM

Please print the form, complete each question and include your signature on the back page. Mail completed forms with the registration fee to the address printed on the back. Please be sure to print clearly.

### Registration for:

Half Day = 9:00 AM to 11:30 AM Full Day = 9:00 AM to 3:00 PM

- 2 year-olds Weds (*must turn 2 before June 1st*) 9:15 AM -11:15 AM \_\_\_\_\_
- 3 year-olds Tues & Thurs  
Half Day \_\_\_\_\_ Full Day \_\_\_\_\_
- 4 year old class Tues & Thurs Half Day \_\_\_\_\_ Full Day \_\_\_\_\_
- 4 year old class M/W/F Half Day \_\_\_\_\_ Full Day \_\_\_\_\_
- 4 year old class M – F Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

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 phone 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 #: \_\_\_\_\_

Tell us about the people in your household:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ 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:

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

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

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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.? \_\_\_\_\_

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Are you available to help occasionally in the classroom? \_\_\_\_\_ Are you a certified teacher? \_\_\_\_\_

Are you interested in substituting as a teacher assistant? \_\_\_\_\_

May your child go on field trips? \_\_\_\_\_ Are you able to go along? \_\_\_\_\_

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 mail a non-refundable registration fee with this application to:

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

\_\_\_\_\_ \$50 Registration Fee

Please get in touch with any questions or concerns: 610-857-1163 | olcelc1163@gmail.com

***Our Lady of Consolation Early Learning Center is a proud Equal Opportunity Care Provider***

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OFFICE USE ONLY

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\_\_\_\_\_ Registration Fee

\_\_\_\_\_ Health Assessment Form

\_\_\_\_\_ Emergency Contact Form

\_\_\_\_\_ Emergency Medical Release Form

\_\_\_\_\_ Agreement Form

\_\_\_\_\_ Photo Release Form