



18310 Middletown Road
 Parkton, MD 21120
 410-329-6956
 info@ourladygrace.org

APPLICATION FOR ADMISSION
PRESCHOOL 3__ PRESCHOOL 4 __
SCHOOL YEAR: _____

DATE OF APPLICATION: _____

APPLICANT INFORMATION:

Child's Full Name:

_____ Last _____ First _____ Middle

Home Address:

_____ Number and Street

_____ City _____ State _____ Zip Code _____ Race

_____ Date of Birth _____ Place of Birth _____ Social Security #

_____ Religion _____ Date of Baptism _____ Parish Name/Address of Baptism

 Name, address of NURSERY SCHOOL / DAY CARE presently attending

 Name of Teacher

FAMILY INFORMATION:

CHILD'S FATHER:

Name: _____

Place of Birth: _____

Occupation/Title: _____

Employer: _____

Work Phone #: _____

Home Phone #: _____

E-Mail Address: _____

Religious Affiliation: _____

CHILD'S MOTHER:

Please indicate: Married Single Parent Parent Deceased Other: _____

With whom does applicant live? _____

If applicant is NOT living with both parents, to whom and at what address should mail be sent:

Name _____

Address _____
 Number and Street City State Zip Code Daytime Phone No.

Parish you attend: _____ Are you registered? YES NO

Parent involvement in Parish Ministries (Please name: e.g., Eucharistic Minister, Greeter Family, etc.):

Parent volunteer in Parish activities (Please name: e.g., Office Help, Our Daily Bread Casseroles, etc.):

Is your child potty trained? do they still have accidents? If so, how often? _____

Please check off the program you would be interested in for your child:

Three Year Old ____ Tuesday, Wednesday, Thursday (9AM-12 Noon)

Four Year Old ____ Monday, Tuesday, Wednesday, Thursday, Friday (9AM-12 Noon)

Parent "contributed services" help create a community spirit at Our Lady of Grace School. Please list how you will be able to share your gifts of talent, time, and hobbies with our school community.

SIBLING INFORMATION: (Please begin with the OLDEST sibling)

NAME AGE CURRENT SCHOOL/NOT YET SCHOOL AGE

PERSONAL CHILD INFORMATION

Does your child have any specific health conditions of which we should be aware?

Has your child ever had an educational or psychological evaluation? ____ YES ____ NO

If yes, when/where/why?

Does your child receive any additional tutoring/instruction either in or out of the classroom?

Please indicate any learning challenges and list any special needs.

BEFORE CARE PROGRAM (OLGS Staff)

____ Yes, I am interested. 7:35AM-9:00AM

OFFICE USE ONLY

FEES

- () Application
- () Registration
- () 1st Month's Tuition

EDUCATIONAL RECORDS

- () Health
- () Academics
- () Other _____

CERTIFICATES

- () Birth
- () Baptismal
- () Immunization Records

OUR LADY OF GRACE SCHOOL
TUITION PAYMENT AGREEMENT
School Year 20__ - 20__

PERSON RESPONSIBLE FOR TUITION PAYMENT:

Name: _____

Address: _____

Number and Street

City

State

Zip Code

Day Phone No.: _____

Evening Phone No.: _____

Name of Student: _____

Relationship: _____

PAYMENT PLANS (Select one of the following options)

First month's non-refundable tuition is due on March 1st. Thereafter, choose one of the following:

Balance in Full (May 1st)

The following Payment Plans are processed through FACTS Tuition Mgt. Company

Balance in Two Payments (May, October)

Balance in Four Payments (May, July, September, November)

Balance in Seven Payments (May, June, July, August, September, October, November)

TUITION POLICIES

- All tuition is non-refundable.
- A "late charge" will be assessed to accounts that are 10 days past due.
- A "returned check fee" will be assessed to accounts for any "returned" checks.
- All financial responsibilities must be honored before a student may be re-registered for the next school year.

AGREEMENT

I have read the Tuition Payment Policy and I understand my financial responsibility with regard to the above student.

Signature of Parent/Guardian

Date _____

**OUR LADY OF GRACE SCHOOL
STUDENT HEALTH REGISTRATION**

Dear Parent/Legal Guardian:

As your child is new to our school, completion of the following questionnaire will be helpful in assuring the best possible adjustment to our program. If a health problem is present, you can readily understand our desire to have this information as soon as possible. This information will be available to appropriate school personnel working with the student and the information will be kept in the student's health record.

Date _____

Name of Student _____

Entering Preschool ____3 ____4

Address _____

Birthdate _____

Previous school attended _____

Address _____

Name of Mother _____ Phone (H) _____ (W) _____

Name of Father _____ Phone (H) _____ (W) _____

Name of persons to call 1st - _____ Daytime Phone _____

in an emergency 2nd - _____ Daytime Phone _____

3rd - _____ Daytime Phone _____

In case of an emergency and parents cannot be reached, Our Lady of Grace School has my permission to seek medical aid for my child.

_____ Date _____

Parent/Legal Guardian Signature

MEDICAL HISTORY (Please check):

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Allergy (_____) | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Speech Problem |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Hearing Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Problem | <input type="checkbox"/> Severe Vision Problem |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> ADD/ADHD | |
| | <input type="checkbox"/> Other _____ | |

Was childbirth normal? _____

Has the child had any previous surgeries? _____

Is there a health problem that would prevent full participation in the school program or physical education program? _____

Is there a need for special seating? _____

Is the student on any long-term medication? _____

Is there a need for you or your child to have a conference with the nurse? _____

Name of Pediatrician _____ Phone _____

Name of Dentist _____ Phone _____

Signature of Parent/Legal Guardian

An Immunization Certificate Must Accompany This Form Prior To Entry To School