

OUR LADY OF SORROWS SCHOOL



In Faith and Love we build Christian Community

575 Slocan Street, Vancouver, B.C. V5K 3X5 (604) 253-2434 · Fax 604-253-1523

E-mail: preschool@myolosschool.com / office@myolosschool.com

Web-site: www.ourladyofsorrows.ca

PRESCHOOL STUDENT PRE-REGISTRATION REQUEST FORM 2022-2023 SCHOOL YEAR

(Please print clearly)

CHILD'S SURNAME:	FATHER'S NAME:	MOTHER'S NAME:
CHILD'S NAME:	BIRTHDATE (MM/DD/YYYY):	GRADE:
	BIRTHDATE (MM/DD/YYYY):	GRADE:
	BIRTHDATE (MM/DD/YYYY):	GRADE:
FULL ADDRESS:		
Email Address (Print clearly):		
HOME PHONE:	MOTHER'S CELL:	MOTHER'S WORK #:
FATHER'S WORK #:	FATHER'S CELL:	CHILD BAPTIZED: <input type="checkbox"/> Yes <input type="checkbox"/> No
RELIGION: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____	PARISH:	ENVELOPE #:
PROGRAM SCHEDULE – PLEASE SELECT YOUR 1 ST AND 2 ND CHOICE (BASED ON YOUR CHILD'S AGE) Tuesday / Thursday – <u>3 Year Old</u> _____ AM Class: 8:30 a.m. – 11:15 a.m. _____ PM Class: 12:15 p.m. – 3:00 p.m.		
Monday/Wednesday/Friday – <u>4 year Old</u> _____ AM Class: 8:30 a.m. – 11:15 a.m. _____ PM Class: 12:15 p.m. – 3:00 p.m.		
TEACHER ASSISTANT REQUIRED: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)		
PREVIOUS SCHOOL/PRESCHOOL:		
REASON FOR CHOOSING OUR LADY OF SORROWS SCHOOL:		
DATE:	SIGNATURE:	

