

OUR LADY OF SORROWS SCHOOL



In Faith and Love we build Christian Community

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PRESCHOOL STUDENT PRE-REGISTRATION REQUEST FORM 2025-2026 SCHOOL YEAR

(Please print clearly)

CHILD'S SURNAME:	FATHER'S NAME:	MOTHER'S NAME:
CHILD'S NAME:	BIRTHDATE (MM/DD/YYYY):	GRADE:
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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:	