



Our Lady of the Angels School
 404 Cherry Street, Columbia, PA 17512
 717-684-2433 + Fax 717-684-5039
 www.ourladyoftheangels.org

Student Registration Form K3-K4

Student Information:

Last Name	First Name	Middle Name
Registering for K3____ K4____	Gender	
Date of Birth	Birthplace (City/State)	
Ethnicity	Language Spoken in Home	
Religion	Registered Parish	City
Family Status: Two Biological parents _____ Single Parent _____ Restructured _____		School District Of Residence

Sacraments:

	Date	Performed By (Pastor)	Church	Address (Street/City/State)
Baptism				

Health Information:

Allergies: _____
 Other Conditions: _____ Special Needs _____
 Insurance: _____ Hospital: _____

Parent /Legal Guardian:

Father		Mother	
Name (Title/Last/First)		Name (Title/Last/First)	
		Maiden Name	
Address		Address	
Phone: Home-Cell-Work		Phone: Home-Cell-Work	
Email		Email	
Employer		Employer	
Religion/Parish		Religion/Parish	
Marital Status		Marital Status	

Child Resides With: (List all that reside in household)

Name	Birthdate	Relationship To Student

Custody Information: (please check one or more)

- Student resides with both parents Legal custody is with the father
 Student resides with single parent Legal custody is with the mother
 Custody is presently being disputed
 Court documentation provided

Has your child previously attended a preschool or other educational facility? Yes _____ No _____

How did you hear about Our Lady of the Angels School? _____

Students registering for K3 must be 3 years old by September 1st

Students registering for K4 must be 4 years old by September 1st

All students must be toilet trained

TUITION: TO BE ANNOUNCED

Number of Days Attending	2 Days	3 Days	5 Days
Full or Half Day			

Registering for Grade	Please Circle Days Attending	Full Day 8:15am-2:35pm	Half Day 8:15-11:15am
K3	M-T-W-TH-F		
K4	M-T-W-TH-F		

POLICIES ON PAYMENT OF TUITION ARE AVAILABLE ON OUR WEBSITE

Our Lady of the Angels School is operated as a faith community, not as a commercial or secular enterprise. The school provides an opportunity for the development of faith-based values and for receiving instruction in the Gospel of Christ as part of its religious mission and ministry. Consequently, the payment or receipt of tuition may not be considered as creating a commercial or contractual relationship between the school and the parents that may be construed to create a legally enforceable obligation on the part of the school, or its sponsoring ecclesiastical entities, to allow for continued enrollment, or to provide any type or level of educational services, or to provide such services involuntarily.

We (parents/children of the applicant) agree to abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and Our Lady of the Angels School, including but not limited to those set forth or referred to in Our Lady of the Angels' and or the Diocese of Harrisburg's student handbook.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Required documentation and fee for registration:

_____ REGISTRATION FEE \$100 FOR NEW FAMILIES _____ Ck# _____ Date

_____ STATIONERY FEE \$35 PER STUDENT _____ Ck# _____ Date

(NON-REFUNDABLE and NON-TRANSFERRABLE)

_____ COMPLETED REGISTRATION FORM

_____ BAPTISMAL CERTIFICATE

_____ LANGUAGE SURVEY

_____ PARISH VERIFICATION FORM

(Parish other than ST. PETER, Columbia or HOLY TRINITY)