



**OUR LADY OF MERCY SCHOOL  
KINDERGARTEN REGISTRATION FORM  
2023-2024**

website: [www.ourladyofmercy.ca](http://www.ourladyofmercy.ca)

Date of Birth Verified:	_____
Baptismal Certificate:	_____
Health Records:	_____
Immigration Papers:	_____
Report Cards:	_____
Parent's Legal Residency	_____

Please PRINT legibly. Full Day Kindergarten starts September 18, 2023. From Sept. 6 – Sept. 15, it will be half day. Please indicate your preference for AM or PM Kindergarten. We will try to honor your request but cannot guarantee it. \_\_\_\_\_ AM \_\_\_\_\_ PM

Family Name: \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

OLM Parish Envelope # \_\_\_\_\_  Other Parish: \_\_\_\_\_ Envelope # \_\_\_\_\_  Not Catholic

What Faith Denomination? \_\_\_\_\_

STUDENT INFORMATION				
Name: Surname, First Name, Middle Name (Preferred First Name if any)	Gender (M / F)	Date of Birth M/D/Y	Place of Birth & Country	Citizenship

Religion	Baptismal Date	Baptismal Church	1 <sup>st</sup> Communion Date	1 <sup>st</sup> Communion Church

BC Medical Care Card #	Allergies (i.e. nuts, bee stings, etc.) Please specify.

Medical Issues (i.e. asthma, diabetes, etc.) Please specify.	Special Needs (i.e. vision, hearing, physical disabilities, autism.) Please specify.

**EMERGENCY CONTACT PERSON IF PARENTS CANNOT BE REACHED**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**BABYSITTER/DAYCARE**

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT'S INFORMATION**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Student Lives With:            Father And Mother \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

If Mother or Father has a different address from the student, please indicate below.

Father Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother \_\_\_\_\_

Check box  if you wish to receive a second copy of newsletters, report cards, etc.

	Religion		Citizenship	
	Catholic √	Other (indicate below)	Canadian √	Landed Immigrant/ Permanent Resident √
Father's				
Mother's				

We are responsible for ensuring that our child or children will attend school regularly. If the minimum of 135 days attendance per child between September and May 15<sup>th</sup> is not reached and the Provincial Grant is lost, in whole or in part, we will reimburse the school for the amount lost.

Registration fee as indicated in the Registration Checklist is payable at time of this application. This money will not be refunded should the applicant decide not to pursue registration.

\_\_\_\_\_  
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE