

**Our Lady of Consolation School
4865 Eleven Mile Road NE
Rockford, Michigan 49341
(616) 866-2427**

**DEVELOPMENTAL KINDERGARTEN
REGISTRATION
2018-2019**

Child's Name _____ **Date of Birth** _____

Address _____

City _____ **Zip Code** _____ **Phone** _____

Mother's Name _____ **Father's Name** _____

Mother's Email _____ **Father's Email** _____

Mother's Cell Phone _____ **Father's Cell Phone** _____

Address (if different) _____

OLC Parishioner _____ **If no, religious affiliation** _____
 Yes No

Previous School _____

Ethnic background (optional) _____

Parent Information

	Father	Mother	Step-Parent
Name:			
Have you been convicted of a sex crime?			
Are you listed on any sex offender registry?			
Have you been convicted of a "listed offense" as defined under Michigan law?			

Requirements for entrance to DK include a \$75.00 non-refundable registration fee, a health form (including up to date immunizations) dated after May 1 of current year, signed by your physician. If these requirements are not met by the first day of DK, your child will not be permitted to enter class.

I have read the above statement and understand that my child must meet the stated requirements or be refused entrance into Our Lady of Consolation Developmental Kindergarten until requirements are met.

Parent Signature **Date**