

**Mt. Carmel's Little Lambs Preschool**  
**2121 S. Rural Road Tempe, AZ 85282**  
**480-966-1753**  
[molly@olmctempe.com](mailto:molly@olmctempe.com)

**Below is a checklist of the following information that we need in order to complete your child's registration. Feel free to fill out the forms below and bring with you to Orientation.**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Teacher's Name \_\_\_\_\_

\_\_\_\_\_ Baptismal Certificate (Copy)

\_\_\_\_\_ Birth Certificate (Copy)

\_\_\_\_\_ Current Immunization Record (Copy)

\_\_\_\_\_ Red Health Card (With complete Doctor information and preferred Hospital listed)

\_\_\_\_\_ 2010-2011 Monthly Curriculum Calendar

\_\_\_\_\_ Registration Information

\_\_\_\_\_ OLMC Emergency Permission Slip

\_\_\_\_\_ Student Information Sheet For Their Teacher

\_\_\_\_\_ Stay and Play Option

\_\_\_\_\_ Tuition Schedule

\_\_\_\_\_ Sure Pay Form

\_\_\_\_\_ Food Allergy Sheet

\_\_\_\_\_ Dioceses of Phoenix Photographic and Interview Release

\_\_\_\_\_ Classroom Supplies List

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## **Monthly Curriculum**

**August** – All About Me

**September** – Health and Nutrition

Letters: Ll, Ff, Ee, Hh

Numbers: 0, 1, and 2

Shape: Circle

Color: Red

**October** – Outer Space

Letters: Tt, Uu, Cc, Oo

Numbers: 3 and 4

Shape: Square

Color: Orange

**November** – Harvest & Thanksgiving and Farm Animals

Letters: Qq, Gg, Ss, Jj

Numbers: 5 and 6

Shape: Triangle

Color: Brown

**December** – Birth of Jesus

Letters: Dd, Pp, Rr

Shape: Star

Color: Yellow

**January** – Zoo Animals

Letters: Kk, Aa

Numbers: 9, 10, and 11

Shape: Rectangle

Color: Black and White

**February** – Valentine's and Nursery Rhymes

Letters: Vv, Mm, Nn

Shape: Heart

Color: Purple and Pink

**March** – Jungle Animals

Letters: Ww, Xx

Numbers: 15, 16, and 17

Shape: Oval

Color: Blue

**April** – Easter

Letters: Yy, Zz

Numbers: 18, 19, and 20

Shape: Cross

Color: Green

**May** – Creative Kids, Mother's Day, and Father's Day Gifts

Letters: Review

Numbers: Review

Shapes: Review

Colors: Review

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**OLMC Emergency Permission Slip  
School Year 2010-2011**

Student Name \_\_\_\_\_ Teacher's Room \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Other than Parents:**

Secondary Contact Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLEASE CONTACT THE SCHOOL OFFICE IF ANYONE OTHER THAN A PARENT IS PICKING UP YOUR CHILD EARLY.  
IF PICKING UP AT THE END OF THE DAY, PLEASE LIST WHO THESE PEOPLE MIGHT BE.**

**Please list ALL PERSONS who may pick up your child/children:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature Date

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**Registration Information**  
**2010-2011 Academic Year**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Ethnic Background\*/ Religious Background\* \_\_\_\_\_

Is your Family registered at Our Lady of Mount Carmel Parish? Yes ( ) No ( )

If not, are you registered with another parish? \_\_\_\_\_

Are you a Stewardship Household? If not, would you like to receive information regarding Stewardship? \_\_\_\_\_

What ministries are you actively involved with? \_\_\_\_\_

Does your child have sibling(s) attending OLMC School? \_\_\_\_\_

**Please check the following Class Enrollment for you Child**

( ) 3 Year Old Class Tues./Thurs. 8:30-11:30 a.m.  
(must be 3 by Sept. 1 2009 and toilet trained)

( ) 4's/Pre-K Class M/W/F 8:30-11:30 a.m.  
(must be 4 by Nov. 30, 2009)

( ) Pre-K Class Mon. - Fri. 8:30 a.m. - 12:30 p.m.  
(must be 4 by Sept. 1, 2009)

( ) Yes, I am interested in extended care after preschool until 3pm, \_\_\_\_ total number of hours a week needed. (Extra fee, please check following page for further information.)

I/We fully understand that the Registration Fee of \$75.00 per child for Mt. Carmel's Little Lambs Preschool is NON-REFUNDABLE. **Checks are payable to Our Lady of Mount Carmel or OLMC.** The Registration Fee is due at the time of registration and will hold my child's place in the above-specified class for the 2010-2011 academic year.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**Student Information Sheet For Their Teacher  
2010-2011 Academic Year**

**Please fill out the following information to help the OLMC Little Lamb's Preschool staff become better acquainted with your child.**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Nick Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Marital Status \_\_\_\_\_ If separated/divorced, who does the child live with? \_\_\_\_\_

1. Previous school experience:

\_\_\_\_\_

2. How many other children are in the family? (Please list names and ages)

\_\_\_\_\_

3. Does your child have much interaction and play with children outside of your family?

\_\_\_\_\_

4. Is your child right or left handed?

\_\_\_\_\_

5. What are your child's favorite activities?

\_\_\_\_\_

6. What duties does your child have at home?

\_\_\_\_\_

7. What expectations do you have for your child during the school year?

\_\_\_\_\_

8. Please list any additional comments or concerns you may have for your child or the preschool.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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Stay and Play Option  
2010-2011 Academic Year

Stay and Play Option

- *Stay and Play* is offered to the children who are attending the preschool. *Stay and Play* is available Monday - Friday, 12:30 - 3:00 p.m.
- *Stay and Play* is only offered on the days that there are preschool classes and will not be opened on scheduled days off, breaks or summer. Families will be billed monthly at a rate of \$5.00 an hour per child.
- *Stay and Play* is flexible, but parents are asked to notify the preschool director 24 hours in advance before using the *Stay and Play* program. Sign up sheets for *Stay and Play* will be posted daily by the preschool sign in and out books.
- Rest time/quiet time, snack and planned activities will be included during *Stay and Play*.
- Lunch Bunch is offered daily 11:30 a.m. - 12:30 p.m. for the 3's and 4's classes for a fee of \$5 a day.

My child \_\_\_\_\_ will be staying for \_\_\_\_\_ days a week in the Stay and Play program. I agree to pay the amount of \$5 an hour, which will be billed to me at the end of each month.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**Tuition Schedule**  
**2010-2011 Academic Year**

**Tuition payments for the 2010-2011 school year are as follows:**

June 15*	First Month Tuition Due
August 15	2 <sup>nd</sup> Tuition Payment
September 15	3 <sup>rd</sup> Tuition Payment
October 15	4 <sup>th</sup> Tuition Payment
November 15	5 <sup>th</sup> Tuition Payment
December 15	6 <sup>th</sup> Tuition Payment
January 15	7 <sup>th</sup> Tuition Payment
February 15	8 <sup>th</sup> Tuition Payment
March 15	9 <sup>th</sup> Tuition Payment
April 15	10 <sup>th</sup> Tuition Payment

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*\* Please note: The first payment is due no later than June 15, 2010.*





## Attention Chef!

I, \_\_\_\_\_, in \_\_\_\_\_ will

Please print child's first and last name

Student's teacher

have a life threatening reaction if I eat the following and/or related ingredients:

---

---

---

---

---

---

---

My doctor is \_\_\_\_\_ and can be reached

Please print first and last name of your child's primary doctor

at \_\_\_\_\_ . My hospital is \_\_\_\_\_ .

Doctor's office phone number

Preferred hospital

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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Today's Date: \_\_\_\_\_

I hereby grant my consent to use and release to the Catholic Diocese of Phoenix and Our Lady of Mt. Carmel Parish the use of my name or likeness, or my child's name or likeness, whether in still, motion pictures, audio and video tape, photograph and/or other reproduction including voices and features with or without names for any promotional purposes involving the diocese or parish/school, news, or feature stories in The Catholic Sun or other media including the Internet and/or World Wide Web or other purpose whatsoever, except for the endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardians therefore this release form **must** be signed by parents/guardians when the individual is a minor.

\_\_\_\_\_  
Student Name (Please Print Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature/Parent/Guardian (if minor)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

***The purpose of this form is to allow pictures in the yearbook, various brochures, publications, news item, video tapes, school events, programs, Internet, World Wide Web, etc.***

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### **Classroom Supplies List**

Dear Parents,

Please send the following items for your child's classroom.

- Dixie Cups (100 count box)
- Kleenex Box (3)
- Paper Towel (3 rolls)
- Antibacterial Soap (1)
- Glue Sticks (6)
- Crayons (2 boxes of the 8 count jumbo)

Thank you for your help and continued support!

OLMC Preschool