Mt. Carmel's Little Lambs Preschool
2121 S. Rural Road Tempe, AZ 85282
480-966-1753
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

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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	2nd Tuition Payment
September 15	3rd Tuition Payment
October 15	4th Tuition Payment
November 15	5th Tuition Payment
December 15	6th Tuition Payment
January 15	7th Tuition Payment
February 15	8th Tuition Payment
March 15	9th Tuition Payment
April 15	10th Tuition Payment

_____ _____
Parent Signature Date

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

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Checking Account Debit Authorization
(AKA: Sure Pay)

I, _____ (responsible party), hereby authorize Our Lady of Mount Carmel to initiate debit entries **(Sure Pay)** to my checking account in the amount of $_____ for the reason of monthly tuition. I hereby attach a voided check #_____. This authority is to remain in effect for the 2010/2011 school year or until Our Lady of Mount Carmel has received **written** notification from and we have both come to a mutual agreement to terminate this authorization. Deductions will be withdrawn on the **16th of each month (or first business day after the 15th)**, which will begin **June 16, 2010** and will end **April 16, 2011.**

I understand and agree that I am responsible for a *$25 NSF fee* should the funds not be available on the first business day after the 15th. This fee will be shown on my monthly tuition statement.

NOTE: Any ***changes*** as regards this debit authorization **(Sure Pay)** ***must be submitted in writing*** by the ***first business day of each month***.

Thank you.

_____ **Date:_____, 2010**
(Signature of Responsible Party)

_____ **FAMILY Last Name:_____**
(Print Name of Responsible Party) (Please Print)

STUDENT Full Name:_____
(Oldest Student) (Please Print)

Attach A Voided Check

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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 ay 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