

Office use only: DATE: \_\_\_\_\_ REGISTRATION FEE \_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_  
PHYSICAL DATE: \_\_\_\_\_

## OUR LADY OF VICTORY SCHOOL PRE K REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_  
(LAST) (FIRST) NICKNAME IF ANY YOU WOULD LIKE USED IN SCHOOL

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ (Number) \_\_\_\_\_ (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Telephone Number) \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_

FATHER'S NAME _____ ADDRESS _____ WORK PHONE _____ HOME PHONE _____ PLACE OF EMPLOYMENT _____	MOTHER'S NAME _____ ADDRESS _____ WORK PHONE _____ HOME PHONE _____ PLACE OF EMPLOYMENT _____	LEGAL GUARDIAN'S NAME _____ ADDRESS _____ WORK PHONE _____ HOME PHONE _____ PLACE OF EMPLOYMENT _____
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DOES THE CHILD RESIDE WITH BOTH PARENTS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, WITH WHOM DOES THE CHILD RESIDE? \_\_\_\_\_

WHAT NATIONALITY/ETHNIC GROUP DO YOU CONSIDER YOUR CHILD \_\_\_\_\_  
YOURSELF? \_\_\_\_\_

DOMINANT LANGUAGE SPOKEN IN THE HOME IF OTHER THAN ENGLISH \_\_\_\_\_

IS ANY OTHER LANGUAGE SPOKEN IN THE HOME? \_\_\_\_\_ PLEASE SPECIFY: \_\_\_\_\_

HAS YOUR CHILD PREVIOUSLY ATTENDED A PRESCHOOL OR DAYCARE PROGRAM? \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_ LOCATION \_\_\_\_\_

DO ANY OF YOUR CHILDREN ATTEND O.L.O.V. SCHOOL (GRADES K-8) YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please attach a copy of the child's Baptismal Certificate, Birth Certificate and a \$25.00 non-refundable registration fee.  
Make checks payable to Our Lady of Victory School.

Return to: Our Lady of Victory School, 620 Jones Hill Road, West Haven, CT 06516

PROGRAM CHOICE: 2 DAY SESSION (TUESDAY/THURSDAY) - 3 YR PROGRAM \_\_\_\_\_ (8:30 – 11:00 am)  
3 DAY SESSION (MONDAY/WEDNESDAY/FRIDAY) - 4 YR. PROGRAM  
\_\_\_\_\_ A.M. (8:30-11:00am) OR \_\_\_\_\_ P.M. (11:30-2:00pm)