



**OUR LADY OF BETHLEHEM SCHOOL AND CHILDCARE
APPLICATION**

(Please complete this form along with a registration form.)

Child's Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Gender: M F Birth Date: _____

Race: White/Caucasian Black/African-American Asian Hispanic Multi-racial
 American Indian/Native Alaskan National Hawaiian/Other Pacific Islander

(Racial statistics used for informational purposes only. OLB does not discriminate against students and their families on the basis of race, color, religion, sex or national origin.)

Catholic: Yes No Parish: _____

Student resides with: Both Parents Father Mother Other: _____

Please make us aware of any special family circumstances such as parental divorce, separation, death of a child's parent or guardian, etc. _____
(If parents are divorced, please provide documentation of custody agreement.)

Sibling name(s) and age(s): _____

Father: _____ Mother: _____
Title First Name Last Name Title First Name Last Name

Home Address: _____ Home Address (if different than father): _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

E-mail*: _____ E-mail*: _____

*Our Lady of Bethlehem School and Childcare communicates with families primarily through e-mail. Please list the e-mail address(es) above you wish for us to use for that purpose.

How did you hear about Our Lady of Bethlehem (please check all that apply)?

Church Bulletin Friend/Relative Referral (name) _____

Brochure/Flyer Catholic Times Columbus Parent Internet/Website

Local Newspaper (name) _____ Yellow Pages Direct Mail

Parent/Guardian Name (printed, please): _____

Parent/Guardian Signature: _____

Date of Form Completion: _____

You must present our office with a certified birth or baptismal certificate prior to the start of school.