



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

Submit this completed form, along with a completed "Registration" form and payment method, to place your child on our roster.  
**You must present our office with a certified birth and baptismal certificate prior to your child's start.**

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 are used for informational purposes only. OLB does not discriminate against students or their families on the basis of race, color, religion, gender or national origin.

Catholic:  Yes  No Parish affiliation: \_\_\_\_\_

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 or legally separated or the child has a guardian other than parents, please provide our office with documentation of custody/parenting or guardian legal documentation.)

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Our Lady of Bethlehem School and Childcare (OLB) uses Digital Academy, a web-based parent communication system for student and family information and communication. Your name, address and contact information will be entered into Digital Academy by our staff for use related to OLB business. You will have administrative control over what, if any, of your information will be available to other families.

What is the **primary** way you heard about OLB? Please check *only one* below.

Referred by a family member or friend (please list name) \_\_\_\_\_

Church Bulletin (please list) \_\_\_\_\_  Flyer/Info Card

Social Media (Facebook, Twitter, etc.) / Website (please list) \_\_\_\_\_

Print Media (Catholic Times, This Week, etc.) (please list) \_\_\_\_\_

Radio  Drove by Facility  Other \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_