



5435 11th Avenue South
Minneapolis, MN 55417

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www.olpmn.org

KINDERGARTEN Registration Form • 2008-2009

Complete both sides - Please

Parent/Guardian Information *(fill in Guardian information only if applicable)*

Father's Name (Last) _____ (First) _____

Address (Street) _____ (City) _____ (Zip) _____

Home Email Address _____ Employment Email Address _____

Home Phone # _____ Employment Phone # _____ Cell Phone # _____

Place of Employment _____ Occupation _____

Catholic Non-Catholic In which Parish are you registered? _____

Single Married Separated Divorced Signature *(if you filling out this form)* _____

Mother's Name (Last) _____ (First) _____

Address (Street) _____ (City) _____ (Zip) _____

Home Email Address _____ Employment Email Address _____

Home Phone # _____ Employment Phone # _____ Cell Phone # _____

Place of Employment _____ Occupation _____

Catholic Non-Catholic In which Parish are you registered? _____

Single Married Separated Divorced Signature *(if you filling out this form)* _____

Guardian's Name (Last) _____ (First) _____

Relationship to Child

Address (Street) _____ (City) _____ (Zip) _____

Home Email Address _____ Employment Email Address _____

Home Phone # _____ Employment Phone # _____ Cell Phone # _____

Place of Employment _____ Occupation _____

Catholic Non-Catholic In which Parish are you registered? _____

Single Married Separated Divorced Signature *(if you filling out this form)* _____

Fees (Office Use Only)

\$100.00 Registration Fee Per Student **Non-refundable**

Paid Yes No **Date** _____ Cash Check # _____ **Shelby**

Parishioner Yes No

