

OUR LADY OF MOUNT CARMEL SCHOOL
Kindergarten Preference Form

Student's Name _____

_____ I request a half-day program for my child. I understand that, because of his/her half-day status, he/she will not receive instruction in some subject areas and specials, nor attend religious services or activities that occur in the afternoon.

_____ I request a full-day program for my child.

Parent's Signature _____ Date _____