

Check # _____
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Date Received _____
For Office Use

**Saint Cornelius Early Learning Center
New Family Enrollment Form
2025-2026 Registration**

Registration Fee; \$100 per child (Please make checks payable to Saint Cornelius)

Please Print:

Last Name of Family: _____ **Father's First Name** _____

Last Name of Child(ren): _____ **Mother's First Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Public School District of Residence: _____ **County of Residence:** _____

Primary Phone # for communication: _____

Parents' Work #: Mother: _____

Father: _____

Mother's Email Address: _____

Father's Email Address: _____

Emergency Contact:

Name: _____ **Relationship to family:** _____

Phone number: _____ **Email address:** _____

If Catholic, in what parish are you registered? _____ **City** _____

Custody Information: **

____ Married

____ Divorced*

____ Separated*

____ Other

**** Who has primary physical custody?**
