

SUMMER 2024 DAYCARE REGISTRATION FORM

June 3, 2024 through August 2, 2024

Child Information

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Food Allergies: _____

Any special needs or conditions we need to be aware of? _____

Days requested (subject to availability): Regular Day: ____ M/W/F ____ T/TH ____ T/W/TH ____ M-F

Extended Day: ____ M/W/F ____ T/TH ____ T/W/TH ____ M-F

Parent Information

Mother's name: _____ Cell # _____ Wk # _____

Father's name: _____ Cell # _____ Wk # _____

Email: _____

Person(s) authorized to pick up your child:

Name: _____ Relationship _____ Cell # _____

Name: _____ Relationship _____ Cell # _____

Emergency Contact:

Name: _____ Address _____ Cell # _____

*I have submitted an updated immunization form for my child and state that my child is in good physical health. I understand that my child cannot begin the program without the immunization form. I give my consent for necessary emergency medical treatment, and I hereby agree to hold St. Paul the Apostle Catholic Church and St. Paul's Early Childhood Program harmless in the event of accident or injury.

Parent Signature

Date

Registration is \$50 for the summer session and includes all supply fees. This amount is non-refundable.

Office Use Only
Registration & Supply Fees Paid _____
Immunization Form Received _____
Days: M/W/F T/TH M-F T/W/TH
Extended Days: M/W/F T/TH M-F T/W/TH
Age of child as of Sept 1, 2023 _____