



St. Cecilia Childcare Registration Form 2020-2021

There is a \$25 per family non-refundable registration fee due at the time of registration. Forms will only be accepted with the fee and all outstanding balances paid in full.

Please complete a separate two-sided form for each child and return to the School Office or Early Learning Center.

Child's Name: _____ Age: _____

Date of Birth: _____ Gender: _____

Allergies or Medical Needs:

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____
Employer's Name: _____	Employer's Name: _____
Work Phone: _____	Work Phone: _____

Emergency Contact Person: _____ Phone Number: _____
(Other than listed above)

Child's Doctor: _____ Phone Number: _____

In your absence, do we have permission to seek medical care for your child including sending your child to the hospital should that be necessary? **YES NO** If yes, which hospital? _____

Please Circle the Program Needed: One Year Old Two Year Old Three/Four Year Old Program

Please tell us what will your children's schedule look like?	Hours needed (ex. 8am-4:30pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Emergency Contacts

If a parent cannot be reached, the emergency contact (front of this form) and those listed below will be used to pick your child up from school and/or contact for an illness, emergency, or early dismissal.

Please note that we cannot release your child to anyone that is not listed on this emergency contact list. Please indicate below all who are allowed to pick up your child.

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

I understand that families with any unpaid balance from the 2019-2020 school year will not be considered for our program. Please contact Kim Murphy at kmurphy@stcindependence.org if you are in need of setting up a payment plan.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____
