

Registration for Morning Care and Extended Care A \$25.00 per family,  
nonrefundable fee must accompany this application.

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Child/Children's Name(s) First /Last

1. \_\_\_\_\_

2. \_\_\_\_\_

Grade(s) in School at St. Roch \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother/Father's Work Phone(s) \_\_\_\_\_

Emergency Contact

Phone

Enrollment is: Full Time \_\_\_\_\_ or

\*Part Time \_\_\_\_\_

Morning Care \_\_\_\_\_

Part time only: M T W T F

Note: Emergency contact must include name and phone number.

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