

After School Daycare Enrollment

I, _____, wish to enroll my child, _____, in the after school daycare at Sacred Heart School. I have explained the rules to my child and we agree to follow them. If not, I understand my child could be removed from the after school daycare program. I understand that my child needs to be picked up by 5:30pm. If pick up is after 5:30 I will pay a dollar a minute till I do pick up.

Parents Signature _____ Date _____

Child Information Form

Child's Full Name _____

Address _____

Home Phone _____ Birth Date _____ Age _____ Sex _____

Father's Name _____ Work/Cell Phone _____

Mother's Name _____ Work/Cell Phone _____

Medical Information _____

Person to be notified in case of emergency other than parents:

Name _____

Address _____

Phone _____ Relationship _____

Child's Doctor _____ Phone _____

Names of persons other than parents to whom child may be released:

1. _____ 2. _____

3. _____ 4. _____

Signature of Parent or Guardian _____ Date _____