

Sacred Heart Catholic School
2016-2017

Daycare Application

Parent Name(s) _____ Home Phone _____

Address _____

Email _____

Mother's Work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____

1st Child's Name _____ Date of Birth _____

Child is enrolled in Sacred Heart Pre-K? Yes No

2nd Child's Name _____ Date of Birth _____

Child is enrolled in Sacred Heart Pre-K? Yes No

On what basis will your child attend:

_____ Full Time _____ Part Time (only if available)

If Part Time, please circle the days of the week you need services:

Monday Tuesday Wednesday Thursday Friday

Please check the time frame your child will attend daycare:

Approximate drop off time: A.M. _____

Approximate pick-up time: P.M. _____