

Sacred Heart Catholic School  
2017-2018

# Daycare Application

Parent Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

1<sup>st</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

2<sup>nd</sup> 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. \_\_\_\_\_