

Sacred Heart Catholic School
Daycare Application
2018-2019



Parent Name(s) _____ 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:

Approx. drop off time: _____ a.m. Approx. pick-up time _____ p.m.

Include a \$50.00 non-refundable application fee.

Mail application to:

Sacred Heart Catholic School

4050 Hubbard Ave. N.

Robbinsdale, MN 55422

Or email to Cheryl Schrepfer, daycare director

cschrepfer@sacredheartschoolrobbinsdale.org

