

**Sacred Heart
Childcare Application
2021-2022**

Parent Name(s) _____

Address _____

Emails _____

Home Phone _____

Mother's Work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____

1st Child's Name _____ Date of Birth _____

2nd Child's Name _____ Date of Birth _____

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 Church

4087 W Broadway Ave

Robbinsdale, MN 55422

Or email to Cheryl Schrepfer, Childcare Director

cschrepfer@sacredheartschoolrobbinsdale.org