

# Sacred Heart Childcare Application

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Emails \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

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

2<sup>nd</sup> 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

[cshrepfer@sacredheartschoolrobbinsdale.org](mailto:cshrepfer@sacredheartschoolrobbinsdale.org)