

OFFICE USE:
Today's date _____

Enrollment Fee—30.00_____

BLESSED TRINITY CATHOLIC SCHOOL



**Cub Club
REGISTRATION FORM**

Parent/Guardian:

_____ Last Name First Name

Address: _____ Phone # _____

City/State/Zip: _____ e-mail _____

First Child:

_____ Last Name First Nickname (if applicable)

Preschool Class: _____ Sex: _____ Date of Birth: _____

Second Child:

_____ Last Name First Nickname (if applicable)

Preschool Class: _____ Sex: _____ Date of Birth: _____

Third Child:

_____ Last Name First Nickname (if applicable)

Preschool Class: _____ Sex: _____ Date of Birth: _____

Services Desired:

Please check the days childcare is needed and the approximate drop off and pick up times.

- | | | | | |
|--|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> MONDAY | <input type="checkbox"/> TUESDAY | <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> THURSDAY | <input type="checkbox"/> FRIDAY |
| Drop Off _____ | Drop Off _____ | Drop Off _____ | Drop Off _____ | Drop Off _____ |
| Pick Up _____ | Pick Up _____ | Pick Up _____ | Pick Up _____ | Pick Up _____ |
| <input type="checkbox"/> NON SCHOOL DAYS | | <input type="checkbox"/> DROP IN | | |
-

Fees:

\$180/ Week (5 days, 5+ Hours)

\$42/Day (Less than 5 days) Drop-IN if you are contracted less than 3 days \$49.00

\$12/Hour (Less than 5 Hours)

Father's Name:

Place of Employment: _____

Work Hours: _____ Work Phone: _____

Cell Phone: _____

Mother's Name:

First

Last

Place of Employment: _____

Work Hours: _____ Work Phone: _____

Cell Phone: _____

Marital Status: Married Separated Divorced Single

Children Live with: Both Parents Father Mother Other

Please list persons to be contacted when parents cannot be reached:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

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Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Health History Update:

List any major illness, allergies-including food, or other related problems in the past year:

Is your child taking any medications? _____

If yes, please list why _____