

Enrollment Application St. Timothy Extended Day Program 2009-2010

(to be accompanied by non-refundable Registration Fee - \$25)

Instructions: Please print requested information clearly. Please do not leave any items blank.

Desired Schedule: Mon. Tue. Wed. Thu. Fri. Desired Start Date _____
(please circle days to attend)

Child's Full Name _____ Social Security Number _____

Name Child is Called _____ Birthdate ____/____/____

Age _____ Gender _____

Child's Address _____

Parent/Guardian Information:

Father/Guardian's Full Name _____

Driver's License # _____ Address _____

Home Phone () _____ Cell Phone () _____

Place of Employment _____ Work Phone () _____

Employer's Address _____ Work Hours _____

Mother/Guardian's Full Name _____

Driver's License # _____ Address _____

Home Phone () _____ Cell Phone () _____

Place of Employment _____ Work Phone () _____

Employer's Address _____ Work Hours _____

With whom does the child reside? ___ Mother ___ Father ___ Guardian _____ (name)

Parent's marital status ___ Married ___ Single ___ Divorced ___ Widowed

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____ (court documentation is required.)

Other Contacts: (To be called to pick up the child if parent/guardian cannot be reached. Please list two)

1. Name _____

Driver's License #. or SSN _____

Address _____ Relation to Child _____

Home Phone () _____ Work Phone () _____

2. Name _____

Driver's License #. or SSN _____

Address _____ Relation to Child _____

Home Phone () _____ Work Phone () _____

Parent/Guardian Signature _____ **Date** _____