

**St. Bonaventure Child Care
2024-2025 Enrollment Form**

CHILD 1 _____ Birthdate _____ 24-25 Grade _____

CHILD 2 _____ Birthdate _____ 24-25 Grade _____

CHILD 3 _____ Birthdate _____ 24-25 Grade _____

FATHER (or Guardian)

Name _____ Employer _____

Address _____ Address _____

City/Zip _____ City/Zip _____

Home Phone _____ Cell _____ Work Phone _____

MOTHER (or Guardian)

Name _____ Employer _____

Address _____ Address _____

City/Zip _____ City/Zip _____

Home Phone _____ Cell _____ Work Phone _____

HEALTH - Please list any health concerns, including diet or activity restrictions, hearing or vision impairments, and **ALLERGIES** that the staff should be aware of.

_____ **EMERGENCY CONTACT PERSON** - will call if parents cannot be reached

Name _____ Phone _____

Relationship _____

Doctor's Name _____

Medical Release *I hereby authorize St. Bonaventure Child Care staff to take my child to the above physician or to Columbus Community Hospital for medical treatment in the event of an emergency in which neither parent can be reached.*

Date _____ **Signature** _____

* Information may be shared with Parish, Elementary School, the Omaha Archdiocese for licensing purposes, unless you notify us. See the Handbook for policy.

Registration fee: Make Checks Payable to St. Bon's Child Care- Office Staff will record your payment.

___ \$60 (> 5 hrs/wk) OR \$35 (<5 hrs/wk) OR \$35 Summer-only Supply Fee **(over)**

REQUESTED TIMES - SEE CHILD CARE INFORMATION SHEET/HANDBOOK FOR POLICIES!!!

_____ Drop In Hours Only (Please call, message, or email in advance)

SUMMER HOURS: *MAY 20-AUGUST 9, 2024*

Days needed for care:

Monday _____ Hours _____

Tuesday _____ Hours _____

Wednesday _____ Hours _____

Thursday _____ Hours _____

Friday _____ Hours _____

SCHOOL YEAR HOURS: *AUGUST 16, 2023-MAY 13, 2025*

Days needed for care:

Monday _____ Hours _____

Tuesday _____ Hours _____

Wednesday _____ Hours _____

Thursday _____ Hours _____

Friday _____ Hours _____

Email Address:

OTHER REQUIRED FORMS WILL BE SENT AFTER ENROLLMENT OR AT THE BEGINNING OF THE SESSION

FOR NEW FAMILIES

Our goal is to provide the best possible care for your child. We will provide a warm, secure, engaging environment to encourage your child's growth. We believe communication between home and the center is vital. **If you have not been associated with the program before, please write a short description of family and of your child(ren) in the space below. Also include any goals or concerns you may have.** That will help us with our planning. Please include any information about custodial parent arrangements. Legally, we are to provide information to both parents, unless we are given a court document instructing us otherwise.