

**St. Bonaventure Child Care  
2026-2027 Enrollment Form**

CHILD 1 \_\_\_\_\_ Birthdate \_\_\_\_\_ 26-27 Grade \_\_\_\_\_

CHILD 2 \_\_\_\_\_ Birthdate \_\_\_\_\_ 26-27 Grade \_\_\_\_\_

CHILD 3 \_\_\_\_\_ Birthdate \_\_\_\_\_ 26-27 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 (just Bon's families) 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 25-AUGUST 7, 2026 (June 29-Aug 7 Anthony's families)*

**Days needed for care:**

Monday Hours \_\_\_\_\_

Tuesday Hours \_\_\_\_\_

Wednesday Hours \_\_\_\_\_

Thursday Hours \_\_\_\_\_

Friday Hours \_\_\_\_\_

SCHOOL YEAR HOURS: *AUGUST 14, 2026-MAY 17, 2027*

**Days needed for care:**

Monday Hours \_\_\_\_\_

Tuesday Hours \_\_\_\_\_

Wednesday Hours \_\_\_\_\_

Thursday Hours \_\_\_\_\_

Friday Hours \_\_\_\_\_

**Parent Email Address: (please provide!)**

\_\_\_\_\_

**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 your 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.