

**ST. KEVIN CATHOLIC ACADEMY EARLY MORNING PROGRAM  
REGISTRATION FORM 2019-2020**

Child's Name \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any Allergies or Medical Issues: \_\_\_\_\_

Please check days your child will attend:

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_

**Early Morning Drop-Off Program starts at 7:00am.**

**Monthly Cost Per Family:**

**One Child \$50 per month**

**Two Children \$60 per month**

**Three Children \$70 per month**

**The monthly fee is charged if used more than 4 days per month.**

**If 4 days or less per month, the daily rate is \$8.00 per day.**