



# Registration Form

Child Legal Name : \_\_\_\_\_

Child Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Intended Start Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Sex: Male / Female

Enrollment Type: (Please circle)    Full Time    4 Days    3 Days    2 Days

Hours Needed for Care:

*(This is a guideline. Our center is open from 6:30am - 6:00pm to meet your childcare needs)*

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time Frame <i>Ex. 7am -4pm</i>					

I am a:

- \_\_\_ Current Saint Frances Cabrini School/Little Saints Parent
- \_\_\_ Saint Frances Cabrini Parishioner
- \_\_\_ Catholic Cluster member *(please circle)*
  - \_\_\_ Saint Mary Immaculate Conception
  - \_\_\_ Holy Angels
  - \_\_\_ Holy Trinity
- \_\_\_ New family to Saint Frances Cabrini/Little Saints

How did you hear about us? \_\_\_\_\_

The best way to contact me is:

\_\_\_ Phone    \_\_\_ Email    \_\_\_ Text    \_\_\_ Procure App

Little Saints should call this person first with concern or need for your child(ren)

\_\_\_ Mom    \_\_\_ Dad    \_\_\_ Other: \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_ + Registration Fee \$50.00 = First Payment Rate \$ \_\_\_\_\_

*(Please make checks payable to Little Saints)*

First Payment due in order to hold spot unless otherwise agreed upon.

\_\_\_ 10% Sibling discount to be applied to other enrolled child *(Must be enrolled at Little Saints)*

Name of older sibling \_\_\_\_\_