

**Daycare Registration Form  
2009 – 2010**

       I request that my child/children be allowed to participate in the extended-day program at St. Michael's Catholic School.

**My child/children will attend regularly on the following days:**

**Monday    Tuesday    Wednesday    Thursday    Friday**  
*(Circle all that apply.)*

       **My child/children will attend only on occasion.**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Emergency numbers at which you can be reached during daycare hours:**

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Others to be contacted:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

