

Guardian Angels

School Age Child Care Program

(S.A.C.C.)

School Year 2008-2009 Registration Form

First Child

Name: _____

Birthdate: _____ Age: _____ Sex: _____

Grade Entering in the Fall: _____

Second Child

Name: _____

Birthdate: _____ Age: _____ Sex: _____

Grade Entering in the Fall: _____

Third Child

Name: _____

Birthdate: _____ Age: _____ Sex: _____

Grade Entering in the Fall: _____

_____ Full time _____ Part Time _____ Temporary

If you choose part time, circle the day of the week you need service

A.M. P.M. Both

Monday Tuesday Wednesday Thursday Friday

Address : _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Guardian Name: _____

Work Number: _____ Cell phone: _____

(required)

Guardian Name: _____

Work Number: _____ Cell phone: _____

(required)

Please include enrollment fee of \$50 per family with application

\$7.00 each (morning or afternoon session) includes breakfast or snack.