Family Name: _____

St. Paul Early Childhood Center

Before and After School Care 2018-2019 Registration Form

Parent Information: ***Please PRINT CLEARLY***

Mother's Information	Father's Information
Name:	**Name:**
Address:	**Address:**
Please include city and zip code:	

Email Addresses: (for billing purposes)

Email:	**Email:**
Phone Numbers	**Phone Numbers**
Cell:	**Cell:**
Work:	**Work:**
Home:	**Home:**

Student Information:

NAME	Grade	Medical concerns or Food Allergies
Student #1:		
Student #2:		
Student #3:		

People Authorized to pick up your children:

Name:	Relationship:	Phone: