

**WISCONSIN RAPIDS AREA CATHOLIC SCHOOLS**  
**St. Lawrence-Wisconsin Rapids**  
**FALL DAY CARE APPLICATION FOR ENROLLMENT 2008/2009**  
**PLEASE PRINT**

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

F \_\_\_\_\_ M \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

Place of Birth (City) \_\_\_\_\_ State \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone & Name \_\_\_\_\_

School Last Attended \_\_\_\_\_ Parish Membership \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Child Resides With \_\_\_ Parents, \_\_\_ Father/Stepmother, \_\_\_ Mother,  
\_\_\_ Mother/Stepfather, \_\_\_ Legal Guardian

If applicable, custodial parent name: \_\_\_\_\_. As a condition of enrollment, a copy of that portion of the custody decree that indicates who has primary placement as well as a copy of the current custody agreement must be on file in the school office.

Registration/snack/supply fee of \$25 per child must be included with the registration form to secure your child's enrollment. The fee is non-refundable.

First day of attendance will be \_\_\_\_\_

**MAKE CHECKS PAYABLE TO WRACS**

\_\_\_\_\_  
Parent/Guardian Signature Date

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**For School Use Only**

Registration Fee: Pd. Cash \_\_\_\_\_ Pd. Check, No. \_\_\_\_\_ Date \_\_\_\_\_

Receipt # \_\_\_\_\_

ID# \_\_\_\_\_

