

WISCONSIN RAPIDS AREA CATHOLIC SCHOOLS
St. Lawrence-Wisconsin Rapids
SUMMER DAY CARE APPLICATION FOR ENROLLMENT 2008

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

For School Use Only

Registration Fee: Pd. Cash _____ Pd. Check, No. _____ Date _____

Receipt # _____

ID# _____