

ST. MARY'S SCHOOL
APRIL BREAK APPLICATION FORM
April 22-26

Please print information legibly

Student _____

Address _____

City _____ Zip Code _____ Phone _____

Age _____ Teacher _____ Parent Cell Phone _____

Email _____

Parents (Legal Guardians) _____

Emergency Contact _____ Phone _____

ALLERGIES/MEDICAL INFORMATION _____

HOURS	FEE		
8:00 – 4:30	WEEKLY CARE	\$175.00	Monday-Friday
	Deposit-Non Refundable	\$100.00	Due with application by March 22
	Balance	\$75.00	Due on Monday, April 22

We staff according to enrollment applications. If an application and deposit are not received by March 22, we may not be able to accommodate your family.

Parent Signature _____

Date _____