St. Margaret School Early Morning Care Program Registration Form 2026-2027

(Please fill out one form per child.)

Care givers are scheduled as needed.

TIME OF DROP OFF: _____ (approximate) Please Circle Days Child Will Be Attending: M T W TH F

*** If you do not need care on a day you designated above, you MUST contact the school office by 3pm the previous day.**
*** Any family unable to provide a schedule in advance MUST provide notice of attendance NO later than 3pm the previous day.**

Any special instructions or requests: _____

***Child Information* (one per child*) Name:* _____ *Grade/Class: (ex 2A, 6B)* _____**

Home Address: _____

Allergies of Child: _____

Medications: _____

***Parent Information*:**

Email Address*:* _____

Mother's Name_____

Address: If different from above_____

Home Phone:_____Work Phone:_____Cell Phone:_____

Father's Name: _____

Address: If different from above: _____

Home Phone:_____Work Phone:_____Cell Phone:_____

***Emergency Contact Information*:**

Name:_____Phone Number:_____

Name or Person(s) that the child is allowed to drop off OTHER THAN PARENTS : (continue on back if necessary)

Name: _____ Phone Number:_____

Name: _____ Phone Number:_____