

St. Margaret School Early Morning Care Program Registration Form 2020-2021

(Please fill out one form per child.)

Via mail or thru your child to: St. Margaret Regional School 773 Third Street Woodbury Hts., NJ 08097

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

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: _____