



St. Michael Catholic School  
Summer Adventures Plus Child Care Program  
Registration Form 2021-2022  
Kindergarten & Older

Student's Name: \_\_\_\_\_ M or F  
(First) (Middle Initial) (Last) DOB

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone # \_\_\_\_\_

Grade for 2021-2022 School Year \_\_\_\_\_

Parental Information:

Marital Status: Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Remarried \_\_\_ Divorced \_\_\_ Single \_\_\_

Student lives with and when: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Is your child presently receiving services for any special needs? If so, please explain: \_\_\_\_\_

Does your child have any allergies? If so, please list: \_\_\_\_\_

As a parent or legal guardian, I hereby certify that the above information is accurate at the time of enrollment. I understand it is my responsibility to update and make corrections to enrollment forms as needed.

Signature of Parent

Date

Emergency Contact:

Name: \_\_\_\_\_ Relationship to family: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_