

SAINT JAMES CHURCH

Parent Co-op Child Care Registration Form

Family Name _____ Date _____

Mother's First Name _____

Father's First Name _____

Address _____
Street City Zip

Home Phone _____

Cell Phone _____

Emergency Contact _____ Phone _____

Relationship to child _____

Fee \$15 per child _____

Child to be Enrolled in St. James Church Parent Co-op Child Care

Name _____ Nickname _____

Birthday _____ M () F ()

Allergies _____ Baptized Yes () No ()
(including food)

Special Notations _____
(comforts, words for items/needs, etc.)

Favorite Play Activities _____
(wheeled toys, dolls, books, puzzles,
music (sing and/or dance) etc. _____