

Our Lady of Mount Carmel School

Little Saints Enrollment Form

Fax 203-755-5850 or Send in with your child

Please enroll my child/children into the Little Saints Before and After School Program for the 2010-2011 School year:

Please Circle School: **TINKER** **OUR LADY OF MOUNT CARMEL**

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Please Indicate when your child/children will be attending:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

I/We have read the guidelines of the Little Saints Before and After School Program and agree to abide by them:

Parent/Guardian: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Allergies: _____

The following people have permission to sign my child/children out of the Little Saints Program:

1. Name: _____ Relationship: _____ Number: _____

2. Name: _____ Relationship: _____ Number: _____

3. Name: _____ Relationship: _____ Number: _____

Parent/Guardian Signature: _____

Approval: _____ Date: _____