



Childcare Information

St. Mary's Springs Academy Childcare
255 County Rd K
Fond du Lac, WI 54937
South Hall-Childcare Room

2022-23 Childcare Rates

P3-4K: \$5.50 per hour

K-5th grade: \$5.00 per hour

There is also a \$25 registration fee per family.

2022-23 Childcare Hours

Monday-Friday

6:30am until the start of the academic day

3:00pm-6:00pm

Due to an increase in the enrollment in the SMSA childcare program, we have a waiting list for students.

It is for this reason that all monthly bills must be paid upon receipt.

Any families with outstanding bills before the next month's statement will not be allowed to utilize childcare until the bill is paid.



Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____



Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____



ST. MARY'S SPRINGS ACADEMY
NEW FAMILY CHILD CARE REGISTRATION FORM

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

****TURN SHEET OVER TO FILL OUT SCHEDULE****

Submit the \$25 registration fee along with this form.

Signature:

Parent's Signature: _____ Date: _____

Thank You!

<u>CHILD(REN)'S NAME(S)</u>	AGE/GRADE	DAYS (CHECK ALL THAT APPLY)					DAILY HOURS	MORNING AFTERNOON (APPLIES ONLY TO HALF DAY STUDENTS)				
		<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>						
		[]	[]	[]	[]	[]		[]	[]			
		[]	[]	[]	[]	[]			[]	[]		
		[]	[]	[]	[]	[]			[]	[]		
		[]	[]	[]	[]	[]			[]	[]		

******* All forms must be completed and returned before child can attend SMSA Childcare *******