



## Mother's Day Out

**Applications must include the following to be processed:**

- \$50.00 Registration fee
- A copy of the student's birth certificate
- A copy of the student's immunizations

Student's Name \_\_\_\_\_  
Last First Preferred Male/Female

Grade for which you are applying \_\_\_\_\_ year \_\_\_\_\_ Date of Application \_\_\_\_\_  
Month / Day /Year

Street Address \_\_\_\_\_ City State Zip Code

Date of Birth \_\_\_\_\_ City/State of Birth Religion

Home Phone \_\_\_\_\_ Ethnicity

If Catholic, registered member of \_\_\_\_\_ (Name of Parish)

**Sacramental Information for Catholic Applicants:**

Date of Baptism \_\_\_\_\_ Church City and State

Current School \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Problems/allergies: \_\_\_\_\_

Fears: \_\_\_\_\_

Sleep habits (naptime): \_\_\_\_\_

Toilet training status: \_\_\_\_\_

Is there additional information you would like to communicate concerning your child?

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Phone Numbers:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**List all persons authorized to pick up your child other than yourself:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Mother's Information:**

\_\_\_\_\_ Last Name First Name Maiden Name

\_\_\_\_\_ Occupation Business Name Business Phone

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

St. Mary's School Alumnus? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what year? \_\_\_\_\_

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

**Father's Information:**

\_\_\_\_\_ Last Name First Name

\_\_\_\_\_ Occupation Business Name Business Phone

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

St. Mary's School Alumnus? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what year? \_\_\_\_\_

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

**Other Children in Family:**

Name Age School Attending (if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is applicant living with both parents? \_\_\_\_\_ yes \_\_\_\_\_ no

If not, with whom does applicant live? \_\_\_\_\_ Relationship: \_\_\_\_\_

Please note any relatives who have graduated from St. Mary's School:

Name Class Year Relationship

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

