



# SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

6740 Broadview Road Parma, OH 44134 216.524.4816  
www.stcolumbkilleschool.org

## Morning Care Program Registration Form (MCP)

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work phone # (mother) \_\_\_\_\_

Cell phone # (mother) \_\_\_\_\_ Work phone # (father) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Days student will attend morning care:

\_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F \_\_\_\_ days will vary

Does your child have any food allergies \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain below:

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Tuition ticket = \$40.00 for 10 mornings (\$4.00) per day per student)

Paid \_\_\_\_ # \_\_\_\_ Date \_\_\_\_\_