



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:

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

Paid ____ # ____ Date _____

