



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) _____

Cell Phone # (father) _____ E-mail _____

Address _____ City _____ Zip _____

Email address _____

Parent / Guardian Signature _____

Student _____ Grade ____ Room ____

Student _____ Grade ____ Room ____

Please check the days Morning Care will be needed:

____M ____T ____W ____Th ____Fri **OR** ____ Days will vary

Does your child have any food allergies ____ Yes ____ No

If yes, please explain below:

Tuition ticket = \$40 for 10 hours (\$4.00) per hour, per student)

Paid _____ # _____ Date _____



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