

HOBOKEN CATHOLIC ACADEMY

MORNING CARE ENROLLMENT

Please Print

Child's Name

Grade

Allergies

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide parent/guardian phone numbers between 7:00-8:00 a.m.

1) Parent/Guardian Name: _____ Phone # _____

2) Parent/Guardian Name: _____ Phone # _____

In the event of an emergency, whom should we call if we are unable to reach you?

Name: _____ Phone# _____

**Please read and sign below*

I understand that Morning Care program begins at 7:00 a.m. and that my child should not be dropped off before 7:00 a.m. I am aware my child may be suspended from the Morning Care program for the following reasons:

- Repeated misbehavior
- Non-payment of Morning Care fees.

Parent/Guardian signature: _____

Date: _____