

**Catholic Scripture Study @ Our Lady of Grace Catholic Church**  
**Child Care Enrollment Form 2008-9**

**PLEASE PRINT**

<hr/> <div style="display: flex; justify-content: space-between;"><span>Child's Last Name</span><span>First</span></div> <hr/> <div style="display: flex; justify-content: space-between;"><span>Parent's Last Name</span><span>First</span></div> <hr/> <div style="display: flex; justify-content: space-between;"><span>Street Address</span><span></span></div> <hr/> <div style="display: flex; justify-content: space-between;"><span>City</span><span>State</span><span>Zip</span></div>	M / F	Grade: _____ Birthdate: _____ / _____ / _____ Home Phone #: _____ Cell Phone #: _____ Email: _____
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<p>Attends Sunday School: Yes (at _____) / No</p> <p>Other School: _____ Toilet Trained: Yes / No</p> <p>Please describe any physical limitations/special needs/allergies/etc:</p> <hr/> <hr/>	<u>Siblings @ CSS</u> Name                      Age _____ _____ _____
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**FOR OFFICE USE ONLY**

Payment Received (Date): _____	Check #: _____	or	Cash: _____
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