

Father Marquette Catholic Academy
Little Eagle's Nest After School-Grades PreK-K

Date_____

Information About the Child/Children to be Enrolled:

Child's Name_____ Sex:_____

Entering Grade_____ Birthdate_____

Parent Information:

Mother's Name_____ Father's Name_____

Address_____

Address_____

Email_____

Email_____

Phone_____

Phone_____

Place of Employment_____

Place of Employment_____

Work Phone_____

Work Phone_____

Marital Status_____

Marital Status_____

In the event of an emergency, which parent should be our first attempted contact?

Phone Number_____

If there has been a divorce, which parent has custody?_____

Schedules are due Thursday by 5:00 for the following week. Childcare may be scheduled on a consistent or weekly basis. Rate is \$4/hour. Schedules may be submitted by paper or electronically by emailing jthill@fathermarquette.org.

By enrolling my student(s) in FMCA Little Eagles After Care and signing this form, I am accepting and agree to abide by the rules, regulation and code of conduct of the school. I understand that all payments will be through FACTS.

Signature Financially Responsible_____

Date_____