

MARQUETTE CATHOLIC SCHOOL
REGISTRATION FOR MARQUETTE EARLY LEARNING CENTER

(Tues & Thurs) _____ (M, W, F) _____ (M – F) _____ Date _____

Name _____
First Middle Last

Address _____ Phone _____
Street City Zip

Birth Date ____/____/____
Month Day Year City State County

Father's Name _____ Employer (optional) _____

Father's Address _____ Phone _____

Mother's Name _____ Employer (optional) _____

Mother's Address _____ Phone _____

Email Address _____

Where parents can be reached while child is at the Marquette Early Learning Center Program.

Persons to be contacted when the parents cannot be reached or are delayed. These individuals are authorized to bring to or take child from Marquette Early Learning Center:

1. _____
Name Address Phone

2. _____
Name Address Phone

Persons to whom the child may **not** be released to or dropped off by:

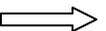
1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

Doctor to be contacted in case of emergency: _____
Name

_____ Address Phone



Dentist to be contacted in case of emergency: _____
Name

Address Phone

List below any special dietary need your child has:

List below any special medical need your child has:

List below any special care program your child need:
(Services provided by the Virginia Public School's Special Education Department may be listed here.)

Please write below a statement giving the staff at the Marquette Early Learning Center permission to have the authority to act in an emergency or in the event that you cannot be reached or are delayed:

Parent's signature _____

Date signed _____

\$20 Registration Fee and first month's tuition are due upon registration

(Registration fee and first month's tuition are non-refundable)