

PLEASE PRINT CLEARLY



OFFICE USE ONLY

Date Registered: _____

Parish ID: _____

Today's Date: _____

MASSTIME CHILDCARE REGISTRATION

Parents' Names – Father: _____ Mother: _____

Home Address: _____

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

Primary Email Address: _____ (circle) Father's Mother's

Registered Parishioner? (circle): YES NO (given Parish Registration form)

Are you interested in **volunteering** in the childcare room one Sunday a month? (circle) YES NO

The following adult(s) may retrieve my child(ren) from Masstime Childcare: _____

Child's Name: _____ DOB: _____ Age: _____

Program (circle): Little Hands of Faith Guppies

Medical Conditions/Special Needs: _____

Allergies: _____

Child's Name: _____ DOB: _____ Age: _____

Program (circle): Little Hands of Faith Guppies

Medical Conditions/Special Needs: _____

Allergies: _____