



2 Hour Delay Enrollment Form

Family Name _____ Date _____

Home Address _____

City _____ Zip _____ Home Phone _____

Mother's Name _____ Phone _____

Email: _____

Father's Name _____ Phone _____

Email: _____

Student(s)	Grade

I wish for my child to participate in the All Saints Catholic School's Morning Care Program for **2 Hour Delays ONLY**.

Scheduled Delay Days

Oct. 6

Dec. 15

March 9

May 11

For our *Scheduled 2 Hour Delays*, I understand that my child may be dropped off between **7:30 a.m. and 9:30 a.m.** at the cost of \$5 per child for the day.

For any *Inclement Weather 2 Hour Delays*, I understand that my child may be dropped off at **8:30 a.m. only** when school has not been cancelled by 8:15 a.m.

Date _____

Parent/Guardian (printed)

Parent or Guardian Signature