

**Sacred Heart Catholic School - SACC Application**  
(School Age Child Care Program)

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**1<sup>st</sup> Child's Name** \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2<sup>nd</sup> Child's Name** \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

On what basis will your child attend:

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

If Part Time, please circle the days of the week you need services:

Monday      Tuesday      Wednesday      Thursday      Friday

Please check the time frame your child will attend:

2:10-4:00 (\$7.00)

2:10-5:00 (\$12.00)

2:10-5:45 (\$16.00)

**First week's payment will be collected at registration, Sept. 2nd along with application form.**