



Columbia St. Mary's
Children's School

FAMILY APPLICATION FORM
Center: River Point / Generations

First Parent or Guardian

Name: Mr / Mrs / Ms _____

Address: _____

City: _____ Zip: _____

Home Telephone: _____ Email: _____

Cell Phone: _____

Employment Information

Company Name: _____

Department: _____

Address: _____

City: _____ Zip: _____

Work Telephone: _____ Ext: _____ Pager: _____

Work Email: _____

Second Parent or Guardian

Name: Mr / Mrs / Ms _____

Address: _____

City: _____ Zip: _____

Home Telephone: _____ Email: _____

Cell Phone: _____

Employment Information

Company Name: _____

Department: _____

Address: _____

City: _____ Zip: _____

Work Telephone: _____ Ext: _____ Pager: _____

Work Email: _____

How did you hear about CSM Children's School? _____

CHILD APPLICATION FORM

Center: River Point / Generations

Room: _____

Name: _____

Nickname, if any: _____

Address: _____

City: _____ Zip: _____

Home Telephone: _____

Sex: Male / Female

Date of Birth: ____ / ____ / ____

Application Date: ____ / ____ / ____

Planned Start Date: ____ / ____ / ____

Planned Schedule

(A weekly or permanent schedule form must be completed and turned in by the Tuesday prior to the first week of attendance.)

	In	Out	In	Out
Monday:	_____	to _____	_____	to _____
Tuesday:	_____	to _____	_____	to _____
Wednesday:	_____	to _____	_____	to _____
Thursday:	_____	to _____	_____	to _____
Friday:	_____	to _____	_____	to _____