



St. Michael's Little Saints Day Care

P. O. Box 29369
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Church 215-423-0792
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The Rev. Marjorie J. Neal, Pastor & Director

REGISTRATION FORM

Name of child: _____

Age of child: _____ Birth date: _____

Name of parent: _____

Contact phone number: _____ Emergency phone number: _____

How many days per week attending: _____

I, _____, agree to pay the registration fee in the amount of \$35.00
(free to the first 10 applicants) to register my child for *Little Saints Day Care*.

I also agree to pay the tuition in the amount of _____ on a weekly/bi-weekly/monthly in
advance before the tuition is due.

I understand that there will be a \$10.00 late fee for each day the tuition is past due unless
previous arrangements were made with the director.

Parent signature _____ Date: _____

