

**Helping Hands
child care ministry
St. John the Baptist Catholic Church**



REGISTRATION FORM/HELPING HANDS CHILD CARE

NAME(S) OF CHILD _____

AGE _____ GRADE _____ PHONE _____

In order to accommodate the large number of students signing up, please indicate the approximate days and times you will be needing this service.

I am interested in my child/children attending Helping Hands Child Care.....

Before school care (6:00 a.m. - 8:00 a.m.) Everyday A couple days* One day*

During school care (8:00 a.m.-2:00 p.m.) Everyday A couple days* One day*

After school care (2:00 p.m.-6:00 p.m.) Everyday A couple days* One day*

* Please indicate, if possible, the day/days you will need the Child Care. _____

_____ I will only need a couple days throughout the year or I will only use the service in case of an emergency.

_____ I am not sure what days I need. (please note that checking this line will not guarantee you a reserved spot in the program.