



# St. Mary's Nativity School

*Believe, Achieve, Succeed with Christ*

## MORNING CARE

Welcome Back to St. Mary's Nativity School for the **2026-2027 school year**. We hope you and your family had a nice summer vacation. We welcome the opportunity to take care of your "precious little ones" again this school year. We are certain that together we can make **St. Mary's Nativity School's Morning Care Program** a positive and enjoyable experience for your child/children.

Although morning care is a service provided by the school, please understand that children are expected to observe all school rules while attending morning care.

The program begins **Monday, August 10, 2026**. Morning care times will be **6:30 a.m. to 7:15 a.m.** and the cost is **\$2.00** per day. If you arrive after 7:15 a.m. you must follow the last car in our drop off carline. **Morning care fees are to be paid on a daily basis or prepaid at the beginning of each week.** An invoice will be sent home weekly. Please make checks payable to St. Mary's Nativity School.

Beginning at 6:30 a.m. you may **park** by the cafeteria near the chapel and **walk** your child/children to the door before leaving school. Please do not drop your child/children off in the front of the school.

**Please send a coloring book in your child/children school bag.**

Return the attached form with the \$10 registration fee by Monday, August 11th, if you are interested in your child/children attending this program. Please return the form **only** if you are interested in your child/children attending morning care throughout the school year.

St. Mary's Nativity School Administration.

# St. Mary's Nativity School Morning Care Program 2026-2027

**I am interested in my child/children attending St. Mary's Nativity Morning Care Program**

Please return the form with a \$10 registration fee and a prepaid weekly amount of at least \$10 or greater if your child is planning to attend morning care.

STUDENT INFORMATION	GRADE: _____
First Name: _____	Last Name: _____
Parent/Guardian: _____	
Home Address: _____	
Phone Number(s) Home: (    ) _____	
Work: (    ) _____	
List in order names to phone in case of emergency:	
<u>NAME</u>	<u>PHONE#</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Please list any person (s) who will regularly pick up your child:**

**NAME:** \_\_\_\_\_

**Please list any person(s) who MAY NOT pick up your child:**

**NAME:** \_\_\_\_\_  
\_\_\_\_\_

**Please list any problems (Ex: food allergies or health issues ) that your child might need special attention:** \_\_\_\_\_

**We do provide the children with snacks. If there are any foods your child can not eat, please let us know.**

**INSURANCE INFORMATION:**

**Insurance Name** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**Insurance Co. address:** \_\_\_\_\_

**Child's Family Physician: Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**List any Concerns:**