



Guardian Angel Daycare

Skaggs Catholic Center
300 E 11800 S
Draper, UT 84020
801-984-7135

Guardian Angel Daycare/Preschool Enrollment Application

The Guardian Angel Daycare is available to the families and staff of the Skaggs Catholic Center. Children from six weeks through fifth grade will be served. The center is open throughout the year on weekdays from 7:00 A.M. to 6:00 P.M. Please fill in all the requested information on both sides of this form.

Child's Last Name _____ First _____ MI _____ INF TOD PK3
(Please Circle One)

Street Address _____ City - State - Zip _____

Home Phone _____ Male _____ Female _____ Date of Birth _____

Legal Custodian _____ Child's Religion _____ Ethnic Background _____

Mother:

Name: _____
Employer: _____
Work Phone: _____
Cell/Pager: _____
Religion: _____
Parish: _____
E-mail: _____

Father:

Name: _____
Employer: _____
Work Phone: _____
Cell/Pager: _____
Religion: _____
Parish: _____
E-mail: _____

For PK3, please indicate days and hours attending:

Mon. Tue. Wed. Thu. Fri.

Fill in hours needed: _____

Sibling Information:

Last Name First MI Date of Birth Grade School

Last Name First MI Date of Birth Grade School

Staff of the Skaggs Catholic Center: Yes No



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Emergency Information

EMERGENCY CARE INFORMATION: List **TWO local** relatives, neighbors, or friends to whom you delegate full authority and **Temporary care** of your child **IF YOU CANNOT BE REACHED IMMEDIATELY.**

NAME	RELATIONSHIP	TELEPHONE ()	
ADDRESS		CITY / STATE	ZIP CODE
NAME	RELATIONSHIP	TELEPHONE ()	
ADDRESS		CITY / STATE	ZIP CODE

In case of an emergency, I **AUTHORIZE GUARDIAN ANGEL DAYCARE TO CALL THE PHYSICIAN LISTED OR ANOTHER IF HE/SHE CANNOT BE REACHED AND FOLLOW HIS/HER INSTRUCTIONS.**

DOCTOR'S NAME	TELEPHONE ()
ADDRESS	CITY
ALLERGIES	MEDICAL CONDITION

CHOICE OF HOSPITAL _____

<ul style="list-style-type: none"> I AUTHORIZE GUARDIAN ANGEL DAYCARE TO CALL AN AMBULANCE OR PARAMEDICS OR FIRE DEPARTMENT, AND TO FOLLOW THEIR INSTRUCTIONS. GUARDIAN ANGEL DAYCARE DOES NOT ASSUME ANY RESPONSIBILITY IN THE ABOVE EMERGENCY PROCEDURES USED AND DOES NOT ASSUME PAYMENT FOR MEASURES TAKEN. 	
PARENT OR GUARDIAN SIGNATURE	DATE MM DD YYYY / /

I hereby authorize the following individuals to sign my child out of the *Guardian Angel Daycare*:

----- Minor () Friend () Family ()

----- Minor () Friend () Family ()

----- Minor () Friend () Family ()

Parent Signature

Date