

HOLY ROSARY MOTHERS DAY OUT
REGISTRATION FORM

Registration Fee: \$50

Child's Name _____

Birth Date _____

Address _____

Phone Number _____

Email _____

Please Pick which days your child will attend

Monday _____

Wednesday _____

Thursday _____

9:00-2:30

Office use only:

Date: _____ Reg. Fee _____ Check # _____ Cash _____