

Summer Registration 2012

Date: _____

Class : _____

Child's Full Name: _____ Boy or Girl

Nickname: _____ Date of Birth: _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Brothers/Sisters 1. _____ Age _____ 3. _____ Age _____

2. _____ Age _____ 4. _____ Age _____

Please list persons other than yourself who will be authorized to pick up your child. Your child will not be released to others without your permission.

1. _____ 2. _____

3. _____ 4. _____

Please list two persons to call in case you might not be reached in an emergency:

1. _____ Relation: _____ Phone: _____

2. _____ Relation: _____ Phone: _____

Circle days and add times needed:

MON

TUES

WED

THURS

FRI

Drop off: am _____ am _____ am _____ am _____ am _____

Pick Up: pm _____ pm _____ pm _____ pm _____ pm _____

+CARE is 6:30-9 and or 2:30-6pm (our extended hours program)

If You Would Like Lunches Added to Your Bill, Please Circle Days:

MON

TUES

WED

THURS

FRI