Resurrection Summer Preschool Application-2010 (Due by May 1, 2010)

Child's Name:_____

Address: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

Parent's Name: _____Work # _____

Place of Employment _____

E-Mail: _____

Parent's Name: _____ Work # _____

Place of Employment _____

E-Mail: _____

Address and Phone (if different from above) _____

Caretaker Information: Name:_____
Phone:_____

Please indicate the session(s) of your choice: Session I (June 8-July 1) ___
Session II (July 6-July 29) ___
****Extended Day option for children on Thursdays from 12-2:30 pm Yes ___**

Allergies known: _____

Please indicate your child's T-shirt size: 2-4 ___6-8 _____ 10-12 _____ 14-16 _____

Parent's Signature: _____ Date: _____

(Please remit a $30.00 non-refundable application fee-payable to Resurrection Preschool by May 1, 2010)