

# Resurrection Toddler Program Application 2019-2020

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone/Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sex: \_\_\_\_\_

Parent: \_\_\_\_\_

Parent: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Child Care Information: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Who will be attending with your child? \_\_\_\_\_

Please describe your child: \_\_\_\_\_

Are there any foods that your child cannot eat? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Names, ages, and current schools of siblings:  
\_\_\_\_\_

Preschool and Kindergarten that your child will most likely attend (if you know):  
\_\_\_\_\_

(Please submit a \$50 application fee along with this application by February 22, 2019)