

**Resurrection Summer Preschool Application-2019**  
(Due by May 1, 2019)

**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 weeks you wish to enroll your child (minimum of 4 weeks):**

**June 17** \_\_\_\_\_ **July 15** \_\_\_\_\_

**June 24** \_\_\_\_\_ **July 22** \_\_\_\_\_

**July 8** \_\_\_\_\_ **July 29** \_\_\_\_\_

**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)**