

SUMMER REGISTRATION INFORMATION

Date _____

Please Check One: A.M. P.M. Mini-Day All Day

1. Child's Name _____ Sex _____ 2. Date of Birth _____

3. Address _____
No. STREET CITY ZIP

4. Telephone No. _____ 5. E-mail Address _____

6a. Mother's Cell No. _____ 6b. Father's Cell No. _____

7. Mother's Name _____ 8. Mother's Occupation _____

9. Place of Business _____

Business address _____ Telephone No. _____

10. Father's Name _____ 11. Father's Occupation _____

12. Place of Business _____

Business address _____ Telephone No. _____

12a. Local Emergency Contact _____
NAME AND PHONE NUMBER

13. Siblings – Name(s) and Date of Birth _____

14. Family Physician _____ Telephone No. _____

15. List any allergies or physical restrictions _____

16. Past Experience in Pre-school or Day Camp _____

17. Specify school child will attend next Fall _____

17a. What public school district do you live in? _____

18. Brief description of child with note of Special Needs and Interests _____

19. What do you want the group experience to do for your child? _____

20. Do you want us to provide transportation for your child? YES NO

21. Between what 2 cross streets is your address located? _____

22. If possible, do you want your child in the same group as a particular friend? _____
