

REGISTRATION FOR SUMMER PROGRAM 2017

Summer Fun Days at Covenant Presbyterian Preschool

Child's Name: _____

Parents' Name: _____

Email: _____ **Cell Phone:** _____

Mailing Address: _____ **Zip:** _____

Child's Date of Birth: _____

Emergency Contact: (Other than Parent) _____

Contact's Phone: _____

Preferred Physician: _____

Potty Trained? _____ **Pacifier, blanket, etc.?** _____

Previous Preschool Experience _____ **When?** _____

Where? _____

Siblings Names & Ages: _____

We wish to enroll our child in the Summer Fun Days at Covenant Presbyterian Preschool for :

June 5 – 9 _____

June 19 – 23 _____

July 10 – 14 _____

\$115.00 per child, for one week. Make Checks Payable to Covenant Presbyterian Preschool.

We agree to abide by all policies governing Covenant Presbyterian Preschool and will furnish a health certificate by May 15th (for those not currently enrolled).

Parent's Signature: _____ **Date:** _____