



## Pre-school Summer Registration 2025

Check weeks and circle days you'd like to register for:

___ June 2-5	M/W	T/TH	M-TH	___ June 30-July 3	M/W	T/TH	M-TH
___ June 9-12	M/W	T/TH	M-TH	___ July 7-10	M/W	T/TH	M-TH
___ June 16-19	M/W	T/TH	M-TH	___ July 14-17	M/W	T/TH	M-TH
___ June 23-26	M/W	T/TH	M-TH	___ July 21-24	M/W	T/TH	M-TH

### Child's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Birthdate: \_\_\_\_\_

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

Allergies (explain severity & if it requires an EpiPen): \_\_\_\_\_

Other Special Needs: \_\_\_\_\_

### Parent/Guardian Information:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employer & Phone: _____	Employer & Phone: _____

### Sibling Information:

Names/Ages: \_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING:

(other than parents/guardians listed above)

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### For Office Use Only:

Registration Policy \_\_\_ Authorization for Pickup \_\_\_ Medical Release Form \_\_\_ Permission Slips \_\_\_ Registration Fee \_\_\_