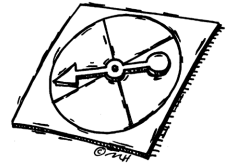




St. John's Child Care Center

Summer Session and Child Care Application



Child's Name Current Age: Years Months

Address Date of Birth

Zip Code Sex Male Female

Telephone

Parent #1 Name Place of Employment

Day Phone Home Phone Cell Phone

Parent #2 Name Place of Employment

Day Phone Home Phone Cell Phone

Child's Physician Address Phone

Emergency Care Source (Other than the parents or physician) with authorization to pick up your child:

Name Address Phone

Name Address Phone

Who will bring the child to school?

Who will come for the child after school?

CHOICE OF PROGRAM

PRESCHOOL ONLY

Available to Preschool age children only

Please number in order of preference

- Three Day
Tues., Wed., and Thurs. 9:00-11:30 a.m.



CHILDCARE

(Both programs include preschool on the day the child is in attendance)

Please check the number of days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Time of Arrival

Time of Pick Up

Parent's Signature Date

Parent's Signature Date