

**Holy Family Early Childhood Center
Summer Program Registration
2008**

Select program:

_____ 5 Full Days _____ 5 Half Days _____ 3 Full Days _____ 3 Half Days

Select payment option:

_____ Pay in full by June 9th, 2008

_____ 2 Payments: Monday, June 9th, 2008
Monday, July 7th, 2008

_____ 8 Weekly Payments: Due on **Monday morning** of each week.

Child's Name: _____ DOB: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Parents/Legal Guardians:

Mother: _____

Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Father: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

*******Include \$20.00 registration fee per child plus first week's payment in order to secure you child's spot in our program.**

For office use only: Registration Fee: Ck# _____ Cash _____ Amt _____ Date _____ Initials _____
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