

Child's Name _____ Nickname _____

Birth date _____ Sex _____

Parent(s)/Legal Guardian(s) Name(s) _____

Street Address _____
 Street City Zip

Home Phone _____ Work Phone _____

Emergency Contacts 1. _____
 Name Relation Phone
 2. _____
 Name Relation Phone
 3. _____
 Name Relation Phone

Do you have allergies or health concerns? _____ Yes _____ No

If yes, please describe: _____

I authorize the following people to pick up my child:

1. _____
2. _____
3. _____

In the event of an emergency, I hereby authorize St. Anne's Family Resource Center to procure whatever medical or surgical assistance may be necessary in the event that they cannot contact me or the emergency contact persons designated above.

Do we have your permission to use your child's picture in publicity? _____ Yes _____ No
 Can we apply sun screen and/or bug repellent to your child? _____ Yes _____ No

Each session is \$18.00. Payment and attendance confirmation is due at least one week before session. You will be financially responsible for any and all sessions you register for.

Date	Session	Will be attending (please check)	Paid (office use only)
July 7	Devine D'Vancis		
July 14	Going Buggy		
July 21	Sand Castles		
July 28	Beach Balls		
August 4	Preschool Chemistry		
August 11	Wet, Wild, And Wonderful		
August 18	Transportation Nation		
August 25	Bubble Magic		

Child needs to bring a disposable lunch every session.

LATE FEES: For late pick-up: \$1.00 per minute, assessed from dismissal time of 1:00 p.m.

(A) Signature of parent/legal guardian _____ Date _____

Office Signature _____ Date _____