



Office Use Only:
Date Received: _____
Check: _____ Amount: _____

2018 Summer Registration Form

Child's Name _____

Birth Date: Month _____ Day _____ Year _____
(Please fill out one form per child.)

Parent/Guardian Name(s):

Address:

_____ (Street) (City) (Zip)

Mother's Contact Number: Primary _____ Secondary _____

Father's Contact Number: Primary _____ Secondary _____

Email Address _____

- I would like to enroll my child Full Time in All Saints Bruins Summer Care
- I would like to enroll my child Part Time in All Saints Bruins Summer Care

Tentative Daily Schedule: _____

Parent/Guardian Signature _____ Date: _____