

**ALL SAINTS CHILD CARE
2017 Summer Registration
720 29th Street SE
Cedar Rapids, IA 52403
(319) 298-9844 or
(319) 363-4110**

Date of application: _____

Child's Name _____
(Please fill out one form per child.)

Birth Date: Month _____ Day _____ Year _____

Parent/Guardian Name(s): _____

Address: _____
(Street) (City) (Zip)

Mother's Contact Number: _____

Father's Contact Number: _____

Email Address: _____

Parent/Guardian Signature: _____

*Please enclose a \$50 (non-refundable) registration fee per child. (If you've already paid a registration fee for fall of 2017 you do not need to pay an additional fee for summer.)

Please indicate which program and days you are requesting.

_____ Full-time Summer

_____ Part-time Summer (must be consistent days of the week)

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

For Office Use

Received _____

Reg. fee paid/check # _____

Waiting List _____