

Resurrection Toddler Program Application 2009-2010

Child's Name: _____

Address: _____ Zip: _____

Home Phone: _____

Birth Date: _____

Sex: _____

Parent: _____

Parent: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Work Phone: _____

Work Phone: _____

E-Mail: _____

E-Mail: _____

Child Care Information: Name: _____

Address: _____

Phone: _____

Relationship: _____

Who will be attending with your child? _____

Please describe your child: _____

Are there any foods that your child cannot eat? _____

Does your child have any allergies? _____

Does your child have any fears? _____

Names, ages, and current schools of siblings: _____

Preschool and Kindergarten that your child will most likely attend (if you know):

(Please remit a \$50 application fee with this form by March 1, 2009)