



# All Saints Preschool

## Summer Fun 2012

*Lisa Hollingsworth, Director*

Please **TYPE** in the spaces provided, print, and sign. A separate application for each child you are enrolling must be submitted with a **Non-refundable Application Fee of \$50 per child.**

**Child's Full Name:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

Please check all Sessions applying for:

\_\_\_\_\_ Session 1: June 11–June 15

\_\_\_\_\_ Session 5: July 9–July 13

\_\_\_\_\_ Session 2: June 18–June 22

\_\_\_\_\_ Session 6: July 16–July 20

\_\_\_\_\_ Session 3: June 25–June 29

\_\_\_\_\_ Session 7: July 23–July 27

\_\_\_\_\_ \*Session 4: July 2–July 6

\_\_\_\_\_ Session 8: July 30–August 3

*All Sessions are Monday–Friday from 9 a.m.–12:30 p.m.*

*Cost per Session is: \$250.00*

*\*Session 4 pro-rated for July 4th Holiday, \$200.00*

*Withdraw w/ refund before 5/12/12*

*Please return this application with your payment in FULL to All Saints Preschool on or before Friday, March 30, 2012. You will have until May 11, 2012 to withdraw your child with a refund.*

Child's Address: \_\_\_\_\_

Family's Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Payment in Full \_\_\_\_\_