SUMMER CAMP ENROLLMENT FORM
FIRST PRESBYTERIAN CHURCH PRESCHOOL

2415 W. Clinton Parkway, Lawrence, KS 66047 785-842-8291

Session Year_____

Child's Name: _____Preferred Name:_____
First Middle Last

Home Address: _____Home phone:_____
Street City Zip

Birthday: _____ Age, as of May 1, 2011:_____Gender:_____

Child lives with: _____ _____ _____
Both parents Father / Mother Siblings Names

Mother's Name: _____
First MI Maiden Last

Home Address: _____Home phone: _____ Cell phone: _____

Occupation: _____Employer: _____Work phone: _____

Father's Name: _____
First MI Last

Home Address: _____Home phone: _____ Cell phone: _____

Occupation: _____Employer: _____Work phone: _____

Day Care Provider: _____Phone: _____

Email contact information: _____

Local person, other than parent, who may be called in an emergency:

_____
Name Phone

Preschool Family: _____ New student/family _____ How did you hear about our camp? _____

WE DO OUR BEST, BUT CANNOT ALWAYS ACCOMMODATE, FIRST CHOICE PLACEMENT.
PLEASE INDICATE 1st & 2nd choices

SESSIONS:

June 6th thru 10th	**June 13th thru 17th**	**July 18th thru 22nd**
9:00 – 11:30 am	**9:00 – 11:30 am**	**9:00 – 11:30 am**

Office Use Only:

Full Payment of: _____ Check #/Rcpt # _____