

STEPPING STONES CHILDREN'S CENTER Enrollment Application Summer

INFORMATION ON CHILD(RE	N):		
Full Name:		Birth	ndate:
Full Name:		Birthdate:	
Full Name:		Birthdate:	
Care Needed:			
DAYS	<u>HOURS</u>		Are any children also enrolled the Cedar Grove Belgium Summer School Session? Y/N
Monday	to		1 / N
Tuesday	to		If Yes, Which Children?
Wednesday	to		
Thursday	to		
Friday	to		
INFORMATION ON PARENTS	/GUARDIANS:		
Family Name		_Mother	Father
Address		City	Zip
Phone	Email _		
Legal Guardian if other than fath	ner or mother		

This form must be filled out and returned by Friday May 31. Please remember that if you decide that your children will not be attending this summer, we are unable to hold their spots unless a \$50.00 registration fee is paid since you are gone more that 2 weeks. Thank you for your assistance in helping us determine staffing for the hours your child is in attendance. Prices are on attached sheet.