

Child's <u>full legal</u> name:			
First:	Middle:	Last:	Birthdate:
Full Legal Names of Parents/Guardians LIVING IN THE CHILD'S RESIDENCE			
First:	Middle:	Last:	Relation to child:
			Cell:
Email Address:			Work:
First:	Middle:	Last:	Relation to child:
			Cell:
Email Address:			Work:
Home Address: Street:		City:	Zip:
Mailing Address (If different from child's):			
Names of child's biological Parents or other persons NOT LIVING IN CHILD'S RESIDENCE that have financial responsibility, custodial or visitation rights:			
Mailing Address:			Phones:
Please list any allergy or medical condition your child may have.			
Parent or Guardian Signature: _____		Date: _____	

• Please indicate which Summer class your child will be attending. **In general this will be the class they are currently in. For Kindergarten - 5th grade the class will be the grade they are currently in...** they don't move up until fall of the current year.

PLEASE CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING ... MON. TUE. WED. THUR. FRI.

Child's (APPROXIMATE) ARRIVAL TIME: () (APPROXIMATE) DEPARTURE TIME: ()

At the Main building:

- INFANTS (Lisa)
- PRE-TODDLER (Brie)
- TODDLER (Aurora)
- OLDER TODDLER (Kristen)
- PRE-PRESCHOOL (Sarah)
- PRESCHOOL FULL DAY #1 (Faith)
- PRESCHOOL FULL DAY #2 (Jessica)
- PRE-KINDERGARTEN FULL DAY #1 (Vikki)
- PRE-KINDERGARTEN FULL DAY #2 (Becky)

At the East building:

- KINDERGARTEN - 5th GRADE

Please mark payment type: Private Pay Subsidized Pay

• If you are not currently enrolled at Country Dawn a \$100.00 registration fee for each child is due.

FOR OFFICE USE ONLY	Date Form Received:	Child's Start Date:
Waitlist: Yes No	Scanned to Teacher: Yes No	Has siblings: Yes No
REGISTRATION FEE: <input type="checkbox"/> Not required <input type="checkbox"/> \$100		Severe Allergy: Yes No