

ST. PAUL LUTHERAN EARLY CHILDHOOD CENTER  
402 S. Ballenger Hwy.  
Flint, MI 48532  
(810) 239-6733

SUMMER ENROLLMENT FORM

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Our child will attend summer child care on the following days:

Monday	Arrival Time: _____	Departure Time: _____
Tuesday	Arrival Time: _____	Departure Time: _____
Wednesday	Arrival Time: _____	Departure Time: _____
Thursday	Arrival Time: _____	Departure Time: _____
Friday	Arrival Time: _____	Departure Time: _____

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PERSONAL INFORMATION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (Zip Code)

Home Phone No: \_\_\_\_\_ Child's Social Security No: \_\_\_\_\_

Sex: \_\_\_\_\_ M \_\_\_\_\_ F Ethnic Background: \_\_\_\_\_

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

Child's Church/Sunday School affiliation: \_\_\_\_\_

Does your child have any unusual or severe physical or medical problems: ( )Yes ( )No  
Explain: \_\_\_\_\_

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May this child participate in Early Childhood supervised field trips? ( )Yes ( )No

In order to better understand your child, please list any special talents s/he possesses or personal concerns you might have: \_\_\_\_\_

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(Over)

FAMILY INFORMATION

Are both parents living at home with the child to be enrolled? ( )Yes ( )No

If NO, please explain and designate the custodial parent:

Mother/Guardian Name: \_\_\_\_\_  
Address (if different than child's): \_\_\_\_\_  
Employed by: \_\_\_\_\_ City of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Pager or Cell No: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Address (if different than child's): \_\_\_\_\_  
Employed by: \_\_\_\_\_ City of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Pager or Cell No: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_

NAMES AND BIRTHDATES OF OTHER CHILDREN

\_\_\_\_\_  
\_\_\_\_\_

I authorize the staff to apply sunscreen to my child when needed for outdoor play. I agree to provide sunscreen for my child, labeled with his/her name.

\_\_\_\_\_  
(Signature of parent or guardian)

As parents, we agree to this application for enrollment and pledge our cooperation with the school and child care knowing that they are promoting Christian ideals and teachings.

Legal authorities will be contacted for children left at the center one hour after scheduled departure time.

We are fully aware of the financial obligations this enrollment requires and will meet them promptly. This form should be accompanied by a \$25.00 summer registration fee. The registration fee is non-refundable.

Please designate which parent or guardian is responsible for the tuition account:

\_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

Please bring a copy of your child's immunizations and a copy of their birth certificate at the time of enrollment. Thank you!

\_\_\_\_\_  
Signature of Director \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Check No \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_