

**ALL SAINTS CHILD CARE**  
**2010-2011 SCHOOL YEAR REGISTRATION**  
**720 29th Street SE**  
**Cedar Rapids, IA 52403**  
**(319) 298-9844**

Date of application: \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_  
Year \_\_\_\_\_

(Please fill out one form per child.)

Parent/Guardian  
Name(s): \_\_\_\_\_

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

Mother's Contact Number: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Father's Contact Number: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_

Please indicate which program you are requesting:

\_\_\_ Before and After School (K-5) \_\_\_\_\_ Full Time Child Care \_\_\_\_\_ Part Time Child Care  
Grade \_\_\_\_\_

Registration Fees:

\_\_\_ \$40 Non-Refundable Child Care Registration Fee per child

Check if you would like more information on \_\_\_ Preschool or \_\_\_ All Saints School

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For Office Use

Received \_\_\_\_\_  
# \_\_\_\_\_

Reg. fee paid/check # \_\_\_\_\_

Waiting List \_\_\_\_\_