**ALL SAINTS CHILD CARE**
**2010 Summer Registration**
**720 29th Street SE**
**Cedar Rapids, IA 52403**
**(319) 298-9844 or**
**(319) 363-4110**

Date of application:_____

Child's Name_____
(Please fill out one form per child.)

Birth Date: Month_____ Day_____ Year_____

Parent/Guardian Name(s):_____

Address:_____
(Street) (City) (Zip)

Mother's Contact Number: _____

Father's Contact Number: _____

Parent/Guardian Signature: _____

*Please enclose a $40 (non-refundable) registration fee per child. (If you've already paid a registration fee for fall of 2010 you do not need to pay an additional fee for summer.)

Please indicate which program and days you are requesting.

_____Full-time Summer

_____Part-time Summer (must be consistent days of the week)

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| | | | | |

---

For Office Use

Received_____ Reg. fee paid/check #_____ Waiting List_____ #_____