ALL SAINTS CHILD CARE
2012 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 2012 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_____
#_____