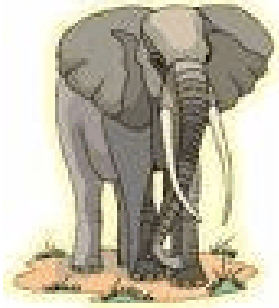


Faith Preschool Summer Program



Zoo Adventure 2007



REC

Child's Name

Phone Number

Address

Parent/Guardian Name

Phone Number

Address

Parent/Guardian Name

Phone Number

Address

EMERGENCY CONTACT INFORMATION

Name

Phone Number

Name

Phone Number

Please indicate the session/s that you would like for your child to attend.

1st Session: July 9th - 30th
AM Class 9:30-12:00

Payment received _____



2nd Session: August 1st - 22nd
AM Class 9:30-12:00

Payment received _____

Tuition for one session is \$90.00 if paid by June 1st 2007. If paid after June 1st, the tuition is \$100.00 per session. The tuition is due by the first day of the summer program. ** If it is not paid on the first day, your child cannot stay at the program.

RETURN THIS FORM A.S.A.P. TO SECURE YOUR CHILD'S SPOT IN THE PROGRAM!

Allergies:
