

## **Application for Admission**

\$100.00 Non-Refundable Registration Fee must accompany this application.

## PLEASE PRINT LEGIBLY

Student's Full Name				DOBGender				
Goes by		Address			_City			
Zip Code		_ Home Phone						
Father/G	uardian		Mother/Guard	lian				
			Business Pho	_ Business Phone				
			Cell Phone					
E-Mail Address			E-Mail Addres	E-Mail Address				
How did y	you hear about Resurrection L	∟utheran Child Deve	lopment Program?					
Parent's Church			City	City Active				
Intended	Start Date							
Please	select boxes that ap	pply to your ne	eds					
Class								
Fri	ippies/Jungle iends	2 years Bees		3 years Tigers			4 years Stars/Owls	
Full Day 7:00 am-6:00 pm		Preschool 8:30 am-11:30 am			Extended stay  o Early Morning 7:30-8:30			
	Monday		Monday			o Lunc	h Stay 11:30-12:30	
_	Tuesday		Tuesday			5 Days	\$75.00 Per Month	
□ \	Wednesday		Wednesday			4 Days	\$65.00 Per Month	
	Thursday		Thursday			3 Days	\$55.00 Per Month	
	Friday		Friday			2 Days	\$45.00 Per Month	
						1 Day	\$35.00 Per Month	
	written notice will be given before or days the Center is closed. A 30				uded holidays.	No credit or re	funds will be given for illness,	
Parent/Gu	ardian Signature				_ Date			
					Dete			
Parent/Gu	ardian Signature				_ Date			
Parent/Gu Office-Us	*************		**********		_ Date	•••••		