



**MOTHER'S DAY OUT**

*St. Alban's Episcopal Church*

*3625 Chapel Road, Newtown Square, PA, 19073*

*610-356-1722*

**2008 Summer Registration Form**

(Please use a separate form for each child)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Any allergies (please specify): \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

Please register \_\_\_\_\_ for the following days:

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
Week #1	____ 6/16	____ 6/17	____ 6/18	____ 6/19
Week #2	____ 6/23	____ 6/24	____ 6/25	____ 6/26
Week #3	____ 6/30	____ 7/1	____ 7/2	____ 7/3
Week #4	____ 7/7	____ 7/8	____ 7/9	____ 7/10
Week #5	____ 7/14	____ 7/15	____ 7/16	____ 7/17
Week #6	____ 7/21	____ 7/22	____ 7/23	____ 7/24

The hours are 9am-noon everyday. The cost is \$30/day or \$100/week, and tuition is due with your registration, along with a \$25 registration fee. We are limited to 15 children per day.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In case of emergency, the above signature permits the director, or lead teacher, to transport student for purposes of providing medical treatment, and for medical treatment to be provided. Please initial: \_\_\_\_\_**