

**First Presbyterian Church of Edmond
Early Childhood Programs**

Sandcastles 2010

FOR OFFICE USE ONLY

Reg. fee \$ _____ Date _____
Time _____
Check # _____
Tuition \$ _____ Date _____
Immunization record _____
Emer. Med. Release _____

For children who have turned 1 by September 1st, 2009 through 1st grade

Class times: 9:00 a.m. - 1:00 p.m.

I wish to enroll my child in:

Please circle dates requested:

June 1 2 3
 7 8 9 10
 14 15 16 17
 21 22 23 24

Currently enrolled students, circle class currently enrolled in/completed

WW CDO 2's CDO 3's PS 3's PS 4's PS 5's KDG 1st grade

Child's Birthdate: _____

Please fill out COMPLETELY.

Child's full name: _____ Today's date: _____

Name child goes by: _____ Sex: M F

Names and relationship of persons with whom the child lives:

Address: _____

Home phone: _____

Mother's Place of Employment: _____

Business, cellular and pager numbers: _____

Father's Place of employment: _____

Business, cellular and pager numbers: _____

Email address _____

Brothers and sisters (name and age) _____

Has child been enrolled in previous Sandcastle program? ___ Yes ___ No

Church membership: First Presbyterian ___ Yes ___ No

Does child have current Immunization Record on file? ___ Yes ___ No If not, please provide a copy.