

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

**Sandcastles  
School Age Adventures  
2008**

FOR OFFICE USE ONLY

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

For children who have completed 2<sup>nd</sup> grade through completed 5<sup>th</sup> grade  
Class times: 9:00 a.m. - 1:00 p.m.

I wish to enroll my child in:

**Please circle dates requested:**

|      |    |    |    |    |
|------|----|----|----|----|
| June | 2  | 3  | 4  | 5  |
|      | 9  | 10 | 11 | 12 |
|      | 16 | 17 | 18 | 19 |
|      | 23 | 24 | 25 | 26 |

**Grade completed:** \_\_\_\_\_

Please fill out COMPLETELY.

Child's full name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Name child goes by: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: M F

Names and relationship of persons with whom the child lives:

\_\_\_\_\_  
\_\_\_\_\_

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

Street

City

Zip

Home phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Business, cellular and pager numbers: \_\_\_\_\_

Father's Place of employment: \_\_\_\_\_

Business, cellular and pager numbers: \_\_\_\_\_

Brothers and sisters (name and age) and are they enrolled in Early Childhood Program: \_\_\_\_\_

Has child been enrolled in previous Sandcastle program? \_\_\_ Yes \_\_\_ No

Church membership: First Presbyterian \_\_\_ Yes \_\_\_ No

**Additional Forms Needed:**

**Authorization for Emergency Medical Treatment, Health and Emergency Contact Record** \_\_\_\_\_

**Current Immunization Record** \_\_\_\_\_

**Permission to transport** \_\_\_\_\_