

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

**Sandcastles
School Age Adventures
2010**

FOR OFFICE USE ONLY

Reg. fee \$ _____ Date _____
Time _____
Check # _____
Tuition \$ _____ Date _____

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

I wish to enroll my child in:

Please circle dates requested:

June	01	02	03
	07	08	09
	14	15	16
	21	22	23
			24

Grade completed: _____

Please fill out COMPLETELY.

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

Name child goes by: _____ Date of birth: _____ Sex: M F

Address: _____

Home phone: _____

Mother's Place of Employment: _____

Mother's business, cellular, and pager numbers: _____

Father's Place of employment: _____

Father's business, cellular, and pager numbers: _____

Brothers and sisters (name and age) _____

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 _____