

**Crown of Life Summer Care 2020
Registration Form**

**1292 Tally Ho Trail Hubertus, WI 53033
(262) 628-2550 ext 204**

Child's Name: _____
Last First MI

Name Child Goes By: _____ Sex: M/F

Birthdate: _____

Address: _____

Phone Number: Home: _____ Cell: _____

E-Mails: _____

First Day of Attendance: _____ Last Day: _____

Days and Times:	Arrival	Pick up
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

A monthly calendar will also need to be filled out listing vacations, camps, and summer school dates when you do not require care at Crown of Life. You will receive this calendar before the summer begins.

Parent/Guardian Signature: _____ Date: _____

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Parent or Guardian Information

Father's Name: _____ Cell: _____

Father's Address: _____

Father's Occupation and Place of Employment: _____

_____ Phone: _____

Mother's Name: _____ Cell: _____

Mother's Address (if different from above): _____

Mother's Occupation and Place of Employment: _____

_____ Phone: _____

Family Information

Brothers and/or sisters (please indicate ages and whether they live with the child):

Name	Age	In Home with Child? Y/N
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other persons living with the child and their relationship (if any) to child

Family Religion: _____

Home Church: _____

Is Child Baptized: Yes / No

Any Additional Comments: _____