

# Let's Make a Splash at Covenant This Summer!



Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Childs' Name: \_\_\_\_\_  
Last First Middle Name to be called Sex

Address: \_\_\_\_\_  
Street City State Zip Code

**\*Children under 2 yrs. old may only attend 2 days weekly on Tuesday and Thursdays! Children who have June or July birthdays may add a third day after their 2<sup>nd</sup> birthday. PK-3 and older must be potty trained – no Pullups.**

**Days and time of operation:** Tuesday, Wednesday & Thursday **Time:** 9:00 a.m. - 1 p.m.

Please circle the weeks you want your child to attend.

<b>Week One:</b> June 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup>	<b>Week Two:</b> June 9 <sup>th</sup> , 10 <sup>th</sup> , 11 <sup>th</sup>	<b>Week Three:</b> June 16 <sup>th</sup> , 17 <sup>th</sup> , 18 <sup>th</sup>	<b>Week Four:</b> June 23 <sup>rd</sup> , 24 <sup>th</sup> , 25 <sup>th</sup>
<b>Week Five:</b> June 30 <sup>th</sup> , July 1 <sup>st</sup> , July 2 <sup>nd</sup>	<b>Week Six:</b> July 7 <sup>th</sup> , 8 <sup>th</sup> , 9 <sup>th</sup>	<b>Week Seven:</b> July 14 <sup>th</sup> , 15 <sup>th</sup> , 16 <sup>th</sup>	<b>Week Eight:</b> July 21 <sup>st</sup> , 22 <sup>nd</sup> , 23 <sup>rd</sup>

## Fees:

**2 yr. olds and up:** \$25/day or \$600 for all 24 days

**Babies & toddlers up to 2 yr. olds:** \$25/day or \$400 for all 16 days

**Half of the fees due should be paid at the time of registration and remaining half due by June 2<sup>nd</sup>.**

*\*No refunds for withdrawals or absences.*

*\*Drop-ins are \$30 per day based on space availability and must be enrolled in our program to participate.*

## Parent Information:

Mother's name \_\_\_\_\_ E-mail \_\_\_\_\_  
Cell/Home phone \_\_\_\_\_ Place of work \_\_\_\_\_ Work phone \_\_\_\_\_  
Father's name \_\_\_\_\_ E-mail \_\_\_\_\_  
Cell/Home phone \_\_\_\_\_ Place of work \_\_\_\_\_ Work phone \_\_\_\_\_

Persons authorized to pick up your child other than you or your spouse:

Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any allergies? \_\_\_\_ If yes, what? \_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_ please provide a supporting document.

Does your child have any special needs that we should know about? \_\_\_\_\_

## For Office use:

Date enrolled \_\_\_\_\_ Amount paid \_\_\_\_\_ Check # or cash? \_\_\_\_\_ # siblings enrolling \_\_\_\_\_  
Date \_\_\_\_\_ Additional payments \_\_\_\_\_ Amount paid \_\_\_\_\_ Check # or cash? \_\_\_\_\_