



Office Use Only:  
Date Received: \_\_\_\_\_  
Check: \_\_\_\_\_ Amount: \_\_\_\_\_

# 2021 Summer Registration Form

Child's Name \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Please fill out one form per child.)

Parent/Guardian Name(s):

\_\_\_\_\_

Address:

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

Mother's Contact Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Father's Contact Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Email Address \_\_\_\_\_

Summer Dates: Wednesday June 2<sup>nd</sup>- Friday August 20<sup>th</sup> (Dates subject to change based on school schedule)

- I would like to enroll my child Full Time in All Saints Bruins Summer Care (\$190.50/week)
- I would like to enroll my child Part Time in All Saints Bruins Summer Care (\$50/day)

Tentative Daily Schedule: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_