

Community Day Care Summer Enrollment Form 2006

Please check the days or full weeks your child will be attending CDC this summer. Return forms to manilla envelope on Parent Information Board by April 15th.

You will have until May 15th to make any adjustments to this schedule. You will be billed for the schedule indicated on this form as of May 15th.

| Child's Name: | | | | | DOB | | |
|-----------------|--------------------|-------------|--------------|-------------|---------------|-------------|-----------------|
| Address: | | | | | zip: | | |
| Parent's Name: | | | | Work # | | Home # | |
| Parent's Name: | | | | Work# | | Home# | |
| Contact e-mail: | | | | | | | |
| Week Of: | Full Week ONLY (✓) | Per Day Mon | Per Day Tues | Per Day Wed | Per Day Thurs | Per Day Fri | Office Use Only |
| 6/19 | | | | | | | |
| 6/26 | | | | | | | |
| 7/3 | | | | | | | |
| 7/10 | | | | | | | |
| 7/17 | | | | | | | |
| 7/24 | | | | | | | |
| 7/31 | | | | | | | |
| 8/7 | | | | | | | |
| 8/14 | | | | | | | |
| 8/21 | | | | | | | |
| 8/28 | | | | | | | |

I

Signature _____ Date _____