
Registration Form Fall/Spring August 18, 2008 – May 22, 2009

Child's Name _____

Name called _____ Date of Birth _____

Home Address _____ Zip Code _____

E-mail Address _____ Home phone _____

Parent(s) Name _____

Cell Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Member of Second Presbyterian Church? _____ yes _____ no

ONE DAY PER WEEK (mark 1 st , 2 nd , & 3 rd choices)	TWO DAYS PER WEEK (mark 1 st , 2 nd , & 3 rd choices)
Monday _____	Monday & Wednesday _____
Wednesday _____	Monday & Friday _____
Friday _____	Wednesday & Friday _____

****A NON-REFUNDABLE \$35 per child/ \$50 per family Registration Fee must accompany this form****

*** Please make checks payable to 2PC PDO***