



# ST. ELIJAH MOM'S DAY OUT & PRE-K RE-ENROLLMENT SUMMER 2020

Date of Application \_\_\_\_\_

Student's Name \_\_\_\_\_

Last

First

Middle

Preferred Name \_\_\_\_\_ Male Female Birthdate \_\_\_\_\_

Class Interested \_\_\_\_\_

Sessions Interested #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Siblings Attending St. Elijah 2017-2018

Name \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

## EMERGENCY CONTACTS

In the event of an emergency please list two (2) people, other than parents, who would be willing and able to come pick up your child in the event that St. Elijah staff were unable to reach the parents.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip