



Fall/Spring Registration

August 12, 2013- May 21, 2014

**You MUST include a \$40 per child/\$60 per family NON-REFUNDABLE registration fee in order for this form to be considered.
(This fee covers this session ONLY.)**

Child's Name _____

Date of Birth _____

Home Address _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____

Parent's Name _____

Mom Cell _____ Dad Cell _____

Emergency Contact _____

Phone _____

Member of Second Presbyterian Church? _____

ONE DAY PER WEEK
(mark 1st, 2nd and 3rd choices)

Monday _____
Wednesday _____
Friday _____

TWO DAYS PER WEEK
(mark 1st, 2nd and 3rd choices)

Monday & Wednesday _____
Monday & Friday _____
Wednesday & Friday _____

PDO Office Use Only

Date Received _____
Paid/Check Number _____
Confirmation Sent _____
Class _____
Email _____

Label _____
Handbook _____
Info/Picture Permission _____
Class Roll _____