

Preschool Summer Daze Registration Form

(Please return back to the Parish Office by Friday, May 28, 2010)

Student Name _____ Age _____
Address _____
Parents/Guardians Name(s) _____
Home Phone # _____ Cell # _____
Special Needs/Allergies _____
Email _____

Dates student will be attending:
(please place an x by the days you will be attending)

All three _____ \$25.00

July 13 _____ \$10.00

July 20 _____ \$10.00

July 27 _____ \$10.00

Please make sure you enclose a check made out to OLPH or cash.

I _____ give my permission for my son/daughter to attend Preschool Summer Daze.

Parent Signature _____ Date _____

Emergency Contact Person _____
Phone # _____

We are in need of parent volunteers for these three days if you are available and want to help, please fill out the bottom of this form and I will contact you.

Parent Name _____
Dates Available _____
Phone # _____
Email address _____

If you have any questions please contact Lori Hamilton or Michelle Hoffman at 812-944-1184.