

<b>OFFICE USE</b>
Registration Date _____
Check _____
Visa _____

Rodef Shalom Preschool  
450 S Kearney Street  
Denver, CO 80224

## Super Summer 2010 Registration Application

Registration is completed when accompanied by the non-refundable registration fee of \$50.00.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age as of 6/1/10 \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Are you a member of Congregation Rodef Shalom? \_\_\_\_\_

1<sup>st</sup> Parent's Name \_\_\_\_\_ Business Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

2<sup>nd</sup> Parent's Name \_\_\_\_\_ Business Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

IF PARENTS CANNOT BE REACHED, IN CASE OF EMERGENCY PLEASE CALL:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If you do not have a health form and immunization record on file in the Preschool Office, please pick one up and have it completed for our files. We must have a current health form and immunization record for each child!

Allergies \_\_\_\_\_

Please CHECK the sessions your child will attend Super Summer.  
Return this form & the Daily Schedule Form with a \$50.00 deposit

\_\_\_\_\_ Session 1 June 9 - July 9      \_\_\_\_\_ Session 2 July 12 - Aug 11