**Children’s Day Out Application**

**Sept. 6, 2022 – May 26, 2023**

**Covenant Presbyterian Church**

**Contact: Colleen Davis** **colleendavis773@gmail.com**

**Please include the $100 application fee with this application form.**

**Cost is $33 per class, payable in 9 equal monthly payments for ease of payment. To reserve your spot, the first tuition payment is due July 1, 2022. The remaining 8 payments are due the first day of each month September 1, 2022, through April 1, 2023. Tuition will not be adjusted if a child is absent, arrives late, or leaves early.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class meets one day a week, 9 am – 12 pm**

**Circle the Day Requested: Monday Tuesday Wednesday Thursday Friday**

 **Second choice: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s) or Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sibling(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**E-mail address: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies or other medical concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What else would you like us know about your child?**

Please print your answer in the space below and include favorite music or songs, books, and activities. We welcome ideas to help your child feel comfortable separating from you and to help us when we communicate with them. Use the back of this form or attach an additional sheet if you need more space.

Who completed this application? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_