

RED LION CHRISTIAN SCHOOL 2010 SUMMER CHILD CARE APPLICATION
105 SPRINGVALE ROAD, RED LION, PA 17356
717-244-3905

Child's Name: _____

Birthdate: _____

Age: _____

Grade child was in for the 2009-2010 school year: _____

Home phone: _____

Home Address: _____ City: _____

Zip: _____

Father's Name: _____ Work phone: _____

Father's Employer: _____

Mother's Name: _____ Work phone: _____

Mother's Employer: _____

EMERGENCY INFORMATION

Person we are to contact in case of emergency and parents cannot be reached:

_____ Phone:

Are there any allergies or medical restrictions? _____ If yes, explain:

I agree that if my child requires any medical attention or hospitalization because of injury or accident while attending Summer Child Care, my insurance will pay for it.

Signature of parents: _____

Date: _____
