



Holy Trinity Child Development Program 2001 Northwest Blvd
Columbus OH 43212 486-2895 nancy.varfossen@engagedbygrace.org

REGISTRATION FORM SUMMER FUN 2019

CHILD'S NAME: _____

Birthday: _____ Age on May 31, 2019: _____

Gender: _____

Home Address: _____

_____ Zip Code: _____

Home phone: _____ Cell: _____

Email : _____

Mothers Name: _____

Cell phone: _____

Employer: _____ Work phone: _____

Work Address _____

Father's Name: _____

Cell phone: _____

Employer: _____ Work phone: _____

Work Address _____

Office Use Only: Amount _____ Date _____

Check No. / Receipt No. _____

June 3, 2019 to August 9, 2019

Full Time = 10 week program: 8:00am to 5:30pm \$50.00 per day

____ Monday
____ Tuesday
____ Wednesday
____ Thursday
____ Friday

Notes:

Part Time = less than 5 week program: 8:00am to 5:30pm \$60.00 per day

____ Monday
____ Tuesday
____ Wednesday
____ Thursday
____ Friday

Notes:

