

# Summer Fun

At Congregation Shir Shalom  
Early Childhood Center - programs for children 2-5 years old  
46 Peaceable Street Ridgefield, CT 06877 203-438-6589 X 16

## REGISTRATION FORM

### Summer 2018

9:30-12:15 3 DAYS PER WEEK  
TUESDAY - WEDNESDAY - THURSDAY

Child's Name: \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Fall 2017 my child will be attending (school name): \_\_\_\_\_  
Parent name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Siblings: Name: \_\_\_\_\_ birthdate: \_\_\_\_\_  
Name: \_\_\_\_\_ birthdate: \_\_\_\_\_

#### Local emergency contacts:

Name/Relation: \_\_\_\_\_ Phone# \_\_\_\_\_  
Cell: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone# \_\_\_\_\_  
Cell: \_\_\_\_\_  
Child's Doctor \_\_\_\_\_ Phone# \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Special Needs/Services: \_\_\_\_\_

My child will attend Summer Fun:  
3 days per week (T-W-Th)

Session 1 - June 19,20,21,26,27,28	_____	\$400
Session 2 - July 10,11,12,17,18,19	_____	\$400
Session 3 - July 24,25,26,31 & August 1,2	_____	\$400
Full Summer	_____	\$1100

Payment is due in full by 6/1/2018