

ST. ALBAN'S PRE-SCHOOL

1 Church Lane, Oakland, NJ 07436
201- 337-5928 * FAX: 201- 651-9486

SUMMER SESSION APPLICATION 2017

Child's Name: _____ M [] F [] Date of Birth: _____

Address: _____

Home Phone #: _____

Father's Name: _____

Telephone: _____

Cell#: _____

Mother's Name: _____

Telephone: _____

Cell #: _____

Child's Doctor: _____ Telephone: _____

Allergies/Medical Conditions _____

Two local persons to be notified in an emergency (if parents cannot be located):

1) Name: _____ Telephone: _____

Address: _____

Relationship to Child: _____

2) Name: _____ Telephone: _____

Address: _____

Relationship to Child: _____

HALF DAYS (9-12) _____ **OR** **FULL DAYS (9-3)** _____

Week of:

CIRCLE:

Days Needed

June 26- June 30

5 Days

4 Days

3 Days

July 3-7

N/A

4 Days

3 Days

July 10-14

5 Days

4 Days

3 Days

July 17-21

5 Days

4 Days

3 Days

July 24-28

5 Days

4 Days

3 Days

July 31- Aug. 4

5 Days

4 Days

3 Days

Aug. 7-11

5 Days

4 Days

3 Days

Aug.14-18

5 Days

4 Days

3 Days
