

**ST. ALBAN'S PRE-SCHOOL**

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

**SUMMER SESSION APPLICATION 2019**

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

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

Home Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell#: \_\_\_\_\_

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**

July 1-5 (no 7/4) N/A 4 Days 3 Days \_\_\_\_\_

July 8-12 5 Days 4 Days 3 Days \_\_\_\_\_

July 15-19 5 Days 4 Days 3 Days \_\_\_\_\_

July 22-26 5 Days 4 Days 3 Days \_\_\_\_\_

July 29- Aug. 2 5 Days 4 Days 3 Days \_\_\_\_\_

Aug. 5-9 5 Days 4 Days 3 Days \_\_\_\_\_

Aug.12-16 5 Days 4 Days 3 Days \_\_\_\_\_

