

ST. STEPHEN'S SCHOOL 2009 SUMMER BASE ENROLLMENT

*All students attending Summer BASE must be enrolled.
Please complete the information requested below to reserve your spot
and return this enrollment application to:*

ST. STEPHEN'S SCHOOL
ATTN: TERI KING, BASE DIRECTOR
506 JACKSON ST.
ANOKA, MN 55303

STUDENT INFORMATION: (please print)

Child's Full Name: _____ Male/Female

D.O.B. _____ Child Lives With: _____

PARENT INFORMATION: (please print)

Dad's Name: _____ Mom's Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Please list which parent is to be called first:

Home Phone: _____ Home Phone: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

EMERGENCY CONTACT INFORMATION: (please print) **HEALTH INFORMATION:** (please print)

Name: _____ Doctor: _____

Phone: _____ Clinic: _____

Relationship to Student: _____ Phone: _____

Dietary or medical Needs: _____

Name: _____

Phone: _____ Other Concerns: _____

Relationship to Student: _____

CARE OPTIONS:

_____ Full Time: 5 days a week, \$25.00 a day

_____ Part Time: Less than 5 days a week, \$28.00 per day

All pertinent information can be found in the Summer BASE handbook. Completion of this enrollment form also signifies parent/guardian has read, understands and agrees to the fees and policies in the Summer BASE handbook.

(Signature of Parent/Guardian)

(Date)