

# Oak Lane Day Care

# Summer Program Registration

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Please select the week(s) you would like your child to attend.

\_\_\_ Week 1 (6/21 - 6/25)

\_\_\_ Week 2 (6/28 - 7/2)

\_\_\_ Week 3 (7/12 - 7/16)

\_\_\_ Week 4 (7/19 - 7/23)

\_\_\_ Week 5 (7/26 - 7/30)

\_\_\_ Week 6 (8/2 - 8/6)

\_\_\_ Week 7 (8/9 - 8/13)

\_\_\_ Week 8 (8/16 - 8/20)

\_\_\_ Week 9 (8/23 - 8/27)

**Mail completed form to:**

Oak Lane Day Care  
PO Box 95  
Westtown, PA 19395

**Or email completed form to:**

info@oaklanedaycare.org

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

-----  
Please Do Not Fill In This Section - For Office Records

Received \_\_\_\_\_

Contract sent \_\_\_\_\_