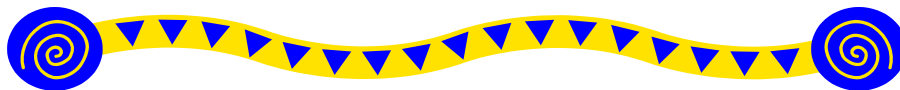


# School-Age Summer Program



Cross View Early Childhood Center

## APPLICATION FORM

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Grade Entering in Fall \_\_\_\_\_ Birth Date \_\_\_\_\_

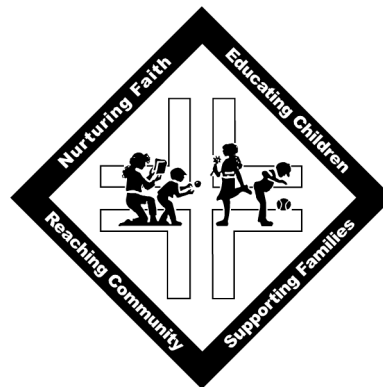
Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Parent Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Business Phone \_\_\_\_\_



**CROSS VIEW  
EARLY CHILDHOOD CENTER**

**Please check appropriate boxes**

Full Time: \_\_\_\_\_ Monday-Friday

Part Time: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F  
(2, 3, or 4 days)

\*\*Please include a \$70 application fee with this form. The fee is non-refundable. (One fee per child.)

FOR OFFICE USE ONLY

DATE ENTERED	CHECK NUMBER	CONFIRMED