



# Christian Pentecostal Summer Program

1064 Clinton Avenue - Irvington, New Jersey 07111 Tel. #



**Deborah Smith, Director**  
Roberta C. Hardy, Executive Director

Today's Date: \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

**Child's Name** \_\_\_\_\_ D.O. B. \_\_\_\_\_

Address \_\_\_\_\_

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

T-Shirt Size \_\_\_\_\_ (Please indicate Small, Medium, Large or X-Large)

Name by which child is Most often Called \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Employed by \_\_\_\_\_

Employers Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell# \_\_\_\_\_ Hours of Employment \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Employed by \_\_\_\_\_

Employers Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell# / \_\_\_\_\_ Hours of Employment \_\_\_\_\_

**Emergency Contacts / Pick Up List :**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone# \_\_\_\_\_ Other# \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone# \_\_\_\_\_ Other# \_\_\_\_\_

**Please indicate any foods that your child may be allergic to.** \_\_\_\_\_

**Please indicate any activities that your child may not be able to participate in.** \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_