

LET'S PLAY REGISTRATION FORM FOR CHILDREN AGES 1-3.



Come and Join Us on Tuesdays and Fridays from 10-11 AM.
Register as soon as possible as space is limited!
The Program will begin <u>Sept. 17th and will end on Nov. 22nd</u>.

Please mail the form to Sister Kay McCarthy at St. Matthew Roman Catholic Church, 35 North Service Road Dix Hills, NY 11746 or drop it off at the Parish Center.

Parents Names			
Mother's Phone Number	Father's Pho	one Number	
Child's Name	's NameDate of Birth		
Address			
Parent's E-mail			
Emergency Name	Number	Relationship	
Child's Allergies			
\$25 nonrefundable registration pay Remaining \$150 payment is d		This payment can be inclu	
No Cash Please ~ Checks are to	be payable to St. M	latthew RC Church.	
Check Number			
Check Amount \$			
Payment by Credit Card: (Che	eck one) Amex: V	'isa: Master Card:	
Credit Card Number:			
Exp. Date:	Cod	le:	
Name on Credit Card:			
Signature of card holder	··		
IS YOUR CHILD VACCINATED: Y	ES N	0	
WE CANNOT ACCEPT A CHILD W	HO IS NOT VACO	INATED.	
If you have any questions, plea	ase call Sister Ka	y McCarthy at 631-499-	8520 x 124.