



The Family Resource Center

Dear Parent,

Thank you so much for your inquiry regarding Summer Quest at The Family Resource Center. Our Summer Quest program is child care for children who have finished Kindergarten through 5th grade, up to 12 years of age.

If you are interested in having your child attend Summer Quest – please fill out the application completely and return it to 1600 N. Walnut, Pittsburg, KS 66762. There is an **annual materials fee** of \$20 for our summer program.

Upon receipt of your application, we will confirm availability or space with you and provide several forms for you to complete--health records, emergency contacts, etc. Spaces fill up quickly, so I encourage you to return the application as soon as possible.

If you have any questions at all, please call **235-3150**. We hope you will choose to be a part of this program especially designed for kids!

Sincerely,

Tasha McCoy
Child Care Coordinator

1600 N. Walnut • Pittsburg, KS 66762 • 620-235-3150

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THE CENTER 2023 SUMMER QUEST APPLICATION

First Parent: Name: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip: _____ Cell Phone #: _____ SS #: _____ Company/Employer Name: _____ Work Number: _____ Email address: _____	CENTER USE ONLY APP FEE DATE: _____ STAFF INITIALS: _____ ADMISSION DATE: _____ ROOM: _____ SCHEDULE: _____ COMMENTS: _____ _____ _____ _____
Second Parent: Name: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip: _____ Cell Phone #: _____ SS #: _____ Company/Employer Name: _____ Work Number: _____ Email address: _____	

Child: Name: _____ Birthdate: _____ Grade attended this school year: _____ Address: _____ City: _____ State: _____ Home Phone #: _____ Social Security #: _____ Sex: Male Female Race: _____ Hospital Preference: _____ Insurance: _____	Schedule: <table style="width: 100%; text-align: center;"> <tr> <th></th> <th>IN</th> <th>OUT</th> </tr> <tr> <td>M</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>T</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>W</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Th</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>F</td> <td>_____</td> <td>_____</td> </tr> </table>		IN	OUT	M	_____	_____	T	_____	_____	W	_____	_____	Th	_____	_____	F	_____	_____
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Emergency Contact/ Authorized Pick-up People: Name: _____ Address: _____ Phone #: _____ Second Phone #: _____ Relationship to child: _____ Emergency Contact: Yes No Authorized to Pick up: Yes No
Emergency Contact/ Authorized Pick-up People: Name: _____ Address: _____ Phone #: _____ Second Phone #: _____ Relationship to child: _____ Emergency Contact: Yes No Authorized to Pick up: Yes No
Emergency Contact/ Authorized Pick-up People: Name: _____ Address: _____ Phone #: _____ Second Phone #: _____ Relationship to child: _____ Emergency Contact: Yes No Authorized to Pick up: Yes No
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Signature of Parent/Guardian

Date