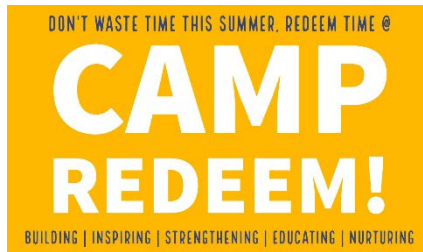


# REGISTRATION



# JUNE 2017

**Registration Fee:** \$25 | **Individual Weekly Fee:** \$75/ week | **Family rate:** additional child(ren) \$50/week  
 \*Registration and Weekly fees are non-refundable. After care available from 6-7pm \$20/week  
*This institution is an equal opportunity provide.*

### Child Information (please complete separate form for each child)

**Full Name:**

Date of birth:	Age:	Grade:
Current address:		
City:	State:	ZIP Code:

### Parent Information

**Parent/Guardian 1:**

Phone:
Email: Permission to Text: YES NO (circle one)
Address:
Employer: Work #:
<b>Parent/Guardian 2:</b> Phone:
Email: Permission to Text: YES NO (circle one)
Address:
Employer: Work #:

### Emergency Contact

**Name:**

Address:

City:	State:	ZIP Code:	Phone:
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Relationship:

**Name:**

Address:

City:	State:	ZIP Code:	Phone:
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Relationship:

