



Preschool Summer Program 2017 Registration Form

Please fill out one form for each child

Child's Name _____ Preferred Nick Name _____ Date of Birth (MM/DD/YYYY) _____

Weeks this child will be attending (please check all that apply)

- Week 1 (6/12 – 6/16) Week 2 (6/19 – 6/23) Week 3 (6/26 – 6/30) Week 4 (7/3 – 7/7)*
 Week 5 (7/10 – 7/14) Week 6 (7/17 – 7/21) Week 7 (7/24 – 7/28) Week 8 (7/31 – 8/4)

*Note: No Camp on Tuesday, July 4, 2017 (Independence Day)

1st Parent or Guardian: _____
Name

Mailing Address _____ City / State / Zip _____

Email Address (that you check regularly) _____

Phone number(s): _____
Home Cell Work

2nd Parent or Guardian: _____
Name

Mailing Address _____ City / State / Zip _____

Email Address (that you check regularly) _____

Phone number(s): _____
Home Cell Work

Name of person responsible for program fees for this child _____

Mailing Address for bills and correspondence _____ City / State / Zip _____

