

Summer Program

Registration Enrollment for June 19th - August 11th, 2017

Attendee Information

CIIIU S INAME	cc.com		Nickname		
Date of Birth			Grade Entering	Sex	
Primary Address			Town	Zip	
Primary Contact				Phone	
Email Address:					
		Parents / G	Guardian / Family Information	on	
Parent /Guardian			Mobile		
Work Address			Work		
Parent /Guardian		Mobile			
Work Address			W	Vork	
Siblings:	Name			Birthdate	
	Name			Birthdate	
	Name Birthdate				
		P	rogram Preferences		
Sessions:	Both	First (6	5/19 - 7/14) Second (7/17 - 8/11) Other	
Define Preferred a	lates if "othe	r":			
Days: Four	ee 🔲	(Circle Choices) Wou	Tues. Wed.	Thurs. Fri.	
Program Times:	9:00 -	4:00			
Early Drop off at 8	a.m. Indicat	e below if needed.	This is billed at \$7 /hr based	on minutes used.	
М	Т	w	THF		
Preschool age chi	ldren	9 - 12	1 - 4	All day 9 - 4	
Add lunch op	tion for \$7 /c	lay if not staying al	l day. Lunch time included for	all day participants.	
Dates of known a	bsences				
		vill not be charged fo	r these dates if notification is give	en prior to June 1st.	
		Carpool Autho	orizations / Emergency Nun	nbers	
<u>Name</u>		C p C C	Relationship	Phone	
1					
2					
3					
	-			if we are unable to do so ourselves. I understand that	
	_		_	ther conditions or power failure (parents contacted	

Date

understand the discipline policies and have discussed questions with the Director.

Signature of Parent /Guardian