**Registration Form**

Name

Age (as of June 6, 2022)

Male/Female

Address

City

State

Zip Code

Guardian’s Name

Home Phone

Cell Phone

Allergies/Special Medical Concerns

In case of emergency, contact

Phone

Alt. Phone

Please list name and phone # for all persons permitted to check out your child upon dismissal:

\*Must Show ID\*

Please check off the weeks your child will join us:

**Week 1** – June 6th – 10th

**Week 2** - June 13th – 17th

**Week 3** – June 20th – 24th

**Week 4** – July 11th – 15th

**Week 5** – July 18th – 22nd

**Week 6** – July 25th – July 29th