Summer Program Registration 2021

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Parent/Guardian Email: _____

Parent/Guardian Address: _____

Child Information

First & Last Name	Birth Date	Days I'm planning on having my child attend the program:	Plan to attend summer school?
	/ /	MTWRF	Yes No
	/ /	MTWRF	Yes No
	/ /	MTWRF	Yes No
	/ /	MTWRF	Yes No
	/ /	MTWRF	Yes No

Program Site

Write child's name under the site you would like them to attend.

Downtown Radford Center 501 E Parkway Ave 5-18 Year Olds	Peace Lutheran Center 240 W 9th Ave 6-12 Year Olds

Needed to Register:

- → Membership Form and Membership Fee
- → Registration Form (this form)
- → First Week's Weekly Fee
- → All overdue fees need to be paid before registering

For Office Use Only:

Date: _____ Staff: _____

Amount Paid Today: _____

Weekly Fee: _____

