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: