

Summer Program for Preschoolers!

Registration form

Child's Name (first & last) _____ Birthdate _____

Allergies/Medical Conditions _____

Parent's Name (first & last) _____

Address _____

Phone(s) _____

E-mail Address(es) _____

Emergency Contact & Phone Numbers _____

Program Title	Dates	Cost

Total _____

Method of Payment (please check one):

- Cash
- Check

(Please make checks payable to **Christ Church Lutheran**)

Is there anything else we should know about your child?

(If so, please explain)