



Elementary Summer Registration 2025

Check weeks and circle days you'd like to register for:

___ June 2-5	M/W	T/TH	M-TH	___ June 30-July 3	M/W	T/TH	M-TH
___ June 9-12	M/W	T/TH	M-TH	___ July 7-10	M/W	T/TH	M-TH
___ June 16-19	M/W	T/TH	M-TH	___ July 14-17	M/W	T/TH	M-TH
___ June 23-26	M/W	T/TH	M-TH	___ July 21-24	M/W	T/TH	M-TH

Child's Information:

First Name: _____ Last Name: _____

Male: ___ Female: ___ Birthdate: _____

Home Address: _____

Allergies (explain severity & if it requires an EpiPen): _____

Other Special Needs: _____

Parent/Guardian Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer & Phone: _____ Employer & Phone: _____

Sibling Information:

Names/Ages: _____

IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING:

(other than parents/guardians listed above)

Name/Relation: _____ Phone: _____

Name/Relation: _____ Phone: _____

Name/Relation: _____ Phone: _____

For Office Use Only:

Registration Policy ___ Authorization for Pickup ___ Medical Release Form ___ Permission Slips ___ Registration Fee ___