



# Summer Registration 2026

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

___ June 1-4	M/W	T/TH	M-TH	___ June 29-July 2	M/W	T/TH	M-TH
___ June 8-11	M/W	T/TH	M-TH	___ July 6-9	M/W	T/TH	M-TH
___ June 15-18	M/W	T/TH	M-TH	___ July 13-16	M/W	T/TH	M-TH
___ June 22-25	M/W	T/TH	M-TH	___ July 20-23	M/W	T/TH	M-TH

I understand that a \$25 per week, per child registration fee is due at the time of registration; and that it is non-refundable. Parent/Guardian Signature: \_\_\_\_\_

### Child's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
 Male: \_\_\_ Female: \_\_\_ Birthdate: \_\_\_\_\_ Grade/Class (just completed): \_\_\_\_\_  
 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:

Authorization for Pickup \_\_\_ Medical Release Form \_\_\_ Permission Slips \_\_\_ Registration Fee \_\_\_