

SUMMER DONE RIGHT WITH CHRIST

KING OF GRACE SCHOOL AGE SUMMER PROGRAM
Children Entering Kindergarten through 6th Grade
Registration Form Summer 2016
(one form per child)

CHILD'S NAME:

CHILD'S ADDRESS:

DOB: GRADE COMPLETED:

CHILD'S HOME PHONE:

FATHER'S NAME:

MOTHER'S NAME:

FATHER'S WORK#

MOTHER'S WORK#

FATHER'S CELL#

MOTHER'S CELL#

FAMILY EMAIL ADDRESS:

Days of operation:

TUESDAY, MAY 31-WEDNESDAY, AUGUST 24, 2016; 7am-5pm

Closed FRIDAY, JULY 1 & MONDAY, JULY 4

_____ FULL TIME-5 DAYS (\$160 first child; \$130 second child)

_____ PART TIME (\$40 PER DAY)

_____ MY START DATE _____ DROP OFF TIME

We must have 24 hours' notice for your child to attend the program. We do plan outside activities so we need to have room on the bus for all.

THANK YOU VERY MUCH FOR YOUR INTEREST.
PLEASE RETURN THIS FORM TO BONNIE NIELSEN.