

SUMMER DONE RIGHT WITH CHRIST

KING OF GRACE SCHOOL AGE SUMMER PROGRAM
Children Entering Kindergarten through 6th Grade
Registration Form Summer 2017
(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 30 -WEDNESDAY, AUGUST 23, 2017; 7am-5pm

CLOSED MONDAY AND TUESDAY, JULY 3-4

_____ 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.