



Summer Stars Registration Form

Student Name: _____

Parent Name: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City/Zip: _____

Email: _____

Age: _____

Emergency Contact: _____

Relationship to Student: _____

Emergency Contact Phone Numbers Home: _____

Cell: _____

Chronic Medical Conditions: _____

Medications: _____

Allergies: _____

Please indicate half day, full day and weeks of attendance on the table below:

	WEEK	HALF DAY	FULL DAY
Week 1:	June 7 – June 11	<input type="checkbox"/>	<input type="checkbox"/>
Week 2:	June 14 – June 18	<input type="checkbox"/>	<input type="checkbox"/>
Week 3:	June 21 – June 25	<input type="checkbox"/>	<input type="checkbox"/>
Week 4:	June 28 – July 2	<input type="checkbox"/>	<input type="checkbox"/>
Week 5:	July 5 – July 9	<input type="checkbox"/>	<input type="checkbox"/>
Week 6:	July 12 – July 16	<input type="checkbox"/>	<input type="checkbox"/>
Week 7:	July 19 – July 23	<input type="checkbox"/>	<input type="checkbox"/>
Week 8:	July 26– July 30	<input type="checkbox"/>	<input type="checkbox"/>
Week 9:	August 2 – August 6	<input type="checkbox"/>	<input type="checkbox"/>
Week 10:	August 9 – August 13	<input type="checkbox"/>	<input type="checkbox"/>

METHOD OF PAYMENT

Credit Cash Check Check #: _____

Credit Card #: _____ Exp. Date: _____