

Registration Form

Family Name _____

Mother's Name: _____ Father's Name: _____

E-mail: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child(ren)'s primary address:

Contact Information:

Mother's Home/Cell/Work (order you would like to be contacted)

Home: _____ Cell: _____ Work: _____

Father's Home/Cell/Work

Home: _____ Cell: _____ Work: _____

Emergency Names and Numbers: Please list adults who may be contacted in the event you can not be reached, and have permission to pick up your child(ren) from PM Program.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies or other concerns:

I am interested in the following accommodation:

Please circle: **2, 3, 4, 5** days per week on a monthly basis OR _____ Drop In

Please indicate which days: **Monday Tuesday Wednesday Thursday Friday**

(Monthly rates **ONLY** apply to students who attend the program at least 2 days a week on a consistent basis.)

Parent Signature: _____ Date: _____

Please make check payable to SLGS and send it in with a completed registration form