



Summer Adventures Preregistration

____/____/____
date of registration

Child's Name: _____

Date of Birth _____ Age: _____

Months Attending

- June
- July
- August

Days Attending

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Drop-Off Time: _____ Pick-Up Time: _____

Contact 1 Details

Contact 1 Name: _____ Phone #: _____

Relationship to child: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Contact 2 Details

Contact 2 Name: _____ Phone #: _____

Relationship to child: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

How did you hear about us?

- Web search
- event at our building
- Print Publicaton
- Referral by _____
- Other _____