



Greenville Avenue Child Development Center

Summer Registration Form (Year _____)

Registration Fee: \$50 child/\$75 per Family is Due @ Time of Enrollment

Please Print Clearly

Child's Name _____ Age: ___ DOB: _____ M/F _____

Best Contact Name/ Number _____

Emergency Contact Name/Number _____

List any allergies/medication _____

Name of Current School _____ **(School-age only
and children who attends pre-kindergarten program)**

Address _____ Phone # _____

Father/Mother/Guardian's Name

(M) Cell Number _____ (F) Cell Number _____

Home Address _____

Mother's Email Address _____

Father's Email Address _____

I certify that the above information is correct and child's immunization record is current and on file at the pre-kindergarten program or school that the child attends. I agree to allow my child to participate in the summer program at GACDC.

Registration Fee is Non-Refundable or Transferrable

Parent/Guardian Signature _____ Date _____

Staff Initial's _____ Amount _____ CC _____ Check # _____ Cash _____ CCA _____ Date _____