



Greenville Avenue Child Development Center

Summer Registration Form (Year _____)

\$50.00 Registration Fee 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** _____