



Lake Shore Public Schools – School Age Child Care Registration Form – Summer Camp 2017

(TO REGISTER PLEASE BRING \$50(per child) REGISTRATION FEE & FORM TO YOUR CHILD’S SACC PROGRAM)

Child’s Name: _____ Age _____ Date of Birth ____/____/____

School child attends: RODGERS _____ VIOLET _____ MASONIC _____ Other: _____
 21601 L’Anse 22020 Violet 22100 Masonic
 SCS, MI 48081 SCS, MI 48082 SCS, MI 48082 Name: _____
 (586)285-8618 (586)285-8742 (586)285-8519

Address: _____ Whom does child live with: _____

Home Telephone _____ Cell Number (Dad) _____ Cell Number (Mom) _____

E-Mail Address _____

Father’s Full Name _____ Work Phone _____

Address (if different) _____

Mother’s Full Name _____ Work Phone _____

Address (if different) _____

May we contact you at work? _____ Yes _____ No

**SUMMER CAMP STARTS MONDAY, JUNE 19, 2017 &
ENDS
AUGUST 18, 2017**



Parent Signature _____ Date _____ Vendor # _____

Date ____/____/____	Registration Fee \$ _____	Prepay Tuition \$ _____
FOR OFFICE USE ONLY	Check #: _____ Cash: _____	Check#: _____ Cash: _____