

Lake Shore Public Schools – School Age Child Care Registration Form



To register please see the S.A.C.C. Site Supervisor at your child's school.

Child's Name: _____ Age _____

School child attends: RODGERS _____ VIOLET _____ MASONIC _____ Grade _____
(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 _____

Mother's Full Name _____ Work Phone _____

May we contact you at work? _____ Yes _____ No

Parent Signature Date

FOR OFFICE USE ONLY : Date: _____

Vendor # _____ Registration Fee: \$ _____

Check # _____ Cash _____

Prepay of Tuition: \$ _____ Check # _____ Cash _____

