

Purchase weeks in full or a *minimum* of 2 days/week.
 Purchase as many weeks as you like.

Registration Deadline = May 29

Registration Information

(One Per Child)

Please Print Clearly

RLAC Family Members:

<u>Full Days</u>		<u>Half Days</u>
\$20/day	1 child	\$11/half day
\$35/day	2 children	\$21/half day
\$40/day	3 children	\$30/half day
\$100/week	1 child	\$55/week
\$175/week	2 children	\$105/week
\$200/week	3 children	\$150/week

Non-Member Fee:

<u>Full Days</u>		<u>Half Days</u>
\$25/day	1 child	\$13/half day
\$40/day	2 children	\$25/half day
\$45/day	3 children	\$33/half day
\$125/week	1 child	\$65/week
\$200/week	2 children	\$125/week
\$225/week	3 children	\$165/week

Weeks of Attendance:

Please check all that apply...

Circle time you require...

June 14-18	M am/pm T am/pm W pm TH pm F pm
June 21-25	M T W TH F (pm only)
June 28-7/2	M T W TH F (pm only)
July 5-9	M T W TH F (pm only)
July 12-16	M T W TH F (pm only)
July 19-23	M pm T pm W am/pm TH am/pm F am/pm
July 26-30	M am/pm T am/pm W am/pm TH am/pm F am/pm
August 2-6	M am/pm T am/pm W am/pm TH am/pm F am/pm
August 9-13	M am/pm T am/pm W am/pm TH am/pm F am/pm
August 16-20	M am/pm T am/pm W am/pm TH am/pm F am/pm
August 23-27	M am/pm T am/pm W am/pm TH am/pm F am/pm

Minimum Required = 10

Maximum Required = 50

_____/_____/_____
Child's Name *DOB*

Male Female

Grade in 2010/11 School Year

Child's Address

Parent/Guardian #1

Address (If different from above)

Home Phone

Cell Phone

Work Phone

Email

Parent/Guardian #2

Address (If different)

Home Phone

Cell Phone

Work Phone

Email

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

List any allergies or special health concerns: _____

*Return with payment by May 29, 2010 to the Rock Lake Activity Center, Inc.,
 229 Fremont St., Lake Mills, WI, 53551*