

Lake Shore Public Schools School Age Child Care (SACC)



REGISTRATION FORM

Child's Name: _____ Age: _____

School Child Attends: (please circle one) _____ Grade: _____

- Rodgers (586) 285-8618
- Violet (586) 285-8742
- Masonic Heights (586) 285-8519

Address: _____

Whom Does the Child Live with: _____

Father's Full Name: _____

Cell Phone: _____ Work Phone: _____

May we contact you at work: (circle one) yes no

E-mail address: _____

Mother's Full Name: _____

Cell Phone: _____ Work Phone: _____

E-mail address: _____

May we contact you at work: (circle one) yes no

Parent Signature

Date

FOR OFFICE USE ONLY

Date: _____

Vendor # _____

Registration Fee: \$20 \$35 Cash Check # _____

Prepay Tuition: \$ _____ Cash Check # _____