



**SUMMER DAYZ PROGRAM  
2020 ENROLLMENT FORM**

*Complete this form for each individual child; multiple children can be listed on a single Medical Information Form required; BOTH forms should be returned with payment.*

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Please circle the appropriate information below:

GRADE LEVEL COMPLETED DURING THE 2019-20 SCHOOL YEAR:    K    1    2    3    4    5    6

T-SHIRT SIZE:    Youth S    Youth M    Youth L    Adult S    Adult M    Adult L    Adult XL

I HAVE READ AND UNDERSTAND THAT MY CHILD IS EXPECTED TO FOLLOW THE RULES FOR THE SUMMER DAYZ PROGRAM, AS STATED ON THE SCHEDULE INFORMATION AND RULES FOR PARTICIPATION FORM ALSO PROVIDED. I WILL REITERATE TO MY CHILD THAT IF HE/SHE DOES NOT ABIDE BY THESE RULES, HE/SHE WILL BE THE ONE TO BE HELD ACCOUNTABLE FOR HIS/HER ACTIONS.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only					
\$25 PAID:	CASH	CK NO. _____	OTHER _____	RECEIPT NO. _____	DATE _____
					VIA _____ BY _____