



EDS Summer
Activities Program
Summer 2010
Registration Form

Student Name: _____

Address: _____

What School does he/she attend: _____

Currently Enrolled in Grade: (Must be 3 years of age or older): _____ Age: _____

Date of Birth: _____

Copy of Immunization Record on file: _____

I want my child to participate in:

Full Day Activities - 7:30 a.m. - 5:30 p.m.

Half Day Activities- 7:30 a.m. - 12:30 p.m. or
12:30 p.m. - 5:30 p.m.

Mother's Name: _____ Phone: _____

Address: _____

Driver's License: _____

Place of Employment: _____ WorkPhone _____

Father's Name: _____ Phone: _____

Address: _____

Driver's License: _____

Place of Employment: _____ WorkPhone _____