



Walnut Memorial After School Program

Registration Form

Parent Information

Parent 1:

First Name _____ Last Name _____

Work Phone _____ Cell Phone: _____

Address Information

Street Address: _____

City _____ State _____ ZIP _____

Email: _____

Parent 2:

First Name _____ Last Name _____

Work Phone _____ Cell Phone: _____

Address Information

Check here if the same as Parent 1

Street Address: _____

City _____ State _____ ZIP _____

Email: _____

Other Responsible Party 1:

First Name _____ Last Name _____

Work Phone _____ Cell Phone: _____

Child 1: [\$25.00]

First Name _____ Last Name _____

Birthdate _____ Boy Girl Grade: _____

Child 2: [\$15.00]

First Name _____ Last Name _____

Birthdate _____ Boy Girl Grade: _____

Child 3: [\$10.00]

First Name _____ Last Name _____

Birthdate _____ Boy Girl Grade: _____

Child 4: [\$5.00]

First Name _____ Last Name _____

Birthdate _____ Boy Girl Grade: _____

Child 5: [no additional cost]

First Name _____ Last Name _____

Birthdate _____ Boy Girl Grade: _____

Child 6: [no additional cost]

First Name _____ Last Name _____

Birthdate _____ Boy Girl Grade: _____

Child 7: [no additional cost]

First Name _____ Last Name _____

Birthdate _____ Boy Girl Grade: _____

Parent / Guardian Printed Name

Parent / Guardian Signature

Date _____