

Registration Form

I wish to register my child _____ for the
Open Door After School Program.

Child's Birth Date: _____

Home Phone Number: _____

Cell Phone Number: _____

Address: _____

Grade Level: _____

Father's/Legal Guardian's Name: _____ Work #: _____

Mother's/Legal Guardian's Name: _____ Work #: _____

PLEASE CIRCLE DAYS NEEDED AND FILL IN TIME FRAMES YOUR CHILD WILL BE THERE:

DAYS **Fill in time frame child will be there between 3-6 PM**

MONDAY Time Frame: _____

TUESDAY Time Frame: _____

WEDNESDAY Time Frame: _____

THURSDAY Time Frame: _____

Print Name: _____

Signature: _____

Date: _____

***Please print out online at www.lampcob.com and deliver/mail to
Lampeter Church of the Brethren, P. O. Box 38, Lampeter PA 17537***