Guardian Angel Extended Care
2018 Summer Program

One Form per Child Enrolled
(Please Print)

Name of Child:_____

Address:_____

Telephone:_____ Born: Month_____ Day_____Year_____

Parent(s) Names:_____

My summer enrollment will begin:_____

Days and Times Attending:

	Arrival Time		Pick Up Time
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____

Dates of any Planned Vacations: _____

On all field trips, children are required to wear a RED Guardian Angel T-shirt. If your child does not have a T-shirt please indicate what size you think they will need. If you have one, please bring in ASAP. (Please remember that shirts shrink and children grow!!) Cost of the T – shirt is $8.50.

We have some donated shirts available. Please speak with Kim.

_____ No shirt needed

Shirt Size (please circle one): Youth: S 4/6 M 8/10 L 12/14 Adult: S 12/14 M 14/16 L 16/18 XL 18/20

Date: _____Parent/Guardian Signature: _____

Registration form is due: Wednesday May 16 , 2018

Forms handed in after this date may be on a waiting list!!!