CHRISTIE'S CAROUSEL OF LEARNING
SUMMER REGISTRATION FORM (2012)

Child's Name: **First:** **Today's Date:**

Last: **Date of Birth:**

Child's Age as of June 11, 2012: **Years:** **Months:**

Fill days in as M, T, W, TH, F Program #'s below:

#1 - 7:30-5:30 **#2 - 7:30-12:30** **#3 - 9-12:30** **#4 - 9-11:30**

#5 - 1-3:30 **#6 - 1-5:30**

Week 1:6/11/-6/15/12 **Days:** **Program #:** **Age:**

Week 2: 6/18-6/22/12 **Days:** **Program #:** **Age:**

Week 3: 6/25-6/29/12 **Days:** **Program #:** **Age:**

****Week 4: 7/2-7/6/12** **Days:** **Program #:** **Age:**

Week 5: 7/9-7/13/12 **Days:** **Program #:** **Age:**

Week 6: 7/16-7/20/12 **Days:** **Program #:** **Age:**

Week 7: 7/23-7/27/12 **Days:** **Program #:** **Age:**

Week 8: 7/30-8/3/12 **Days:** **Program #:** **Age:**

Week 9: 8/6-8/10/12 **Days:** **Program #:** **Age:**

Contact Name:

Home and Cell Phone #s:

E-mail Address:

Address:

City: **State:** **Zip:**

COMPLETE SEPARATE FORMS IF REGISTERING MULTIPLE CHILDREN