



BOYS & GIRLS CLUBS
OF SHEBOYGAN COUNTY

Staff Use ONLY:

Date Paid: _____ Amount: \$ _____

Check # _____ Cash _____ CC _____

Staff INT: _____

Date Pymt Entered: _____ Staff INT: _____

Weekly Early Bird Registration Form

Club Unit: Sheboygan Sheboygan Falls

Dates: _____

Member Full Name(s): _____

Parent Name: _____ Parent Phone #: _____

Parent email: _____

FORM & PAYMENT MUST BE TURNED INTO THE CLUB ONE WEEK IN ADVANCE

\$3/day per child

Please fill in the dates your child/ren will be attending the Early Bird Hours (7:30-9 am) this week:

Monday, _____ # of children \$ _____

Tuesday, _____ # of children \$ _____

Wednesday, _____ # of children \$ _____

Thursday, _____ # of children \$ _____

Friday, _____ # of children \$ _____

TOTAL AMOUNT DUE: \$ _____