



**BOYS & GIRLS CLUBS**  
OF SHEBOYGAN COUNTY

**Staff Use ONLY:** Staff Initial: \_\_\_\_\_  
Date Paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Check: # \_\_\_\_\_ Cash: \_\_\_\_\_ Credit: \_\_\_\_\_  
Date Entered: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

## Lake Country Academy After-School Program Registration Form

I am registering my child to attend the Boys & Girls Club

After-School Program for the month of: \_\_\_\_\_

Member Full Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

### **\$40 per child for entire month**

Check payment option:

\_\_\_\_\_ Cash enclosed

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Credit Card (bring card to Front Desk to swipe for payment)

I understand that the registration fees are non-refundable and non-transferable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_