



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 week of: _____

Member Full Name: _____

Grade: _____

Parent Name: _____

Form & payment MUST be turned into the Boys & Girls Club by Thursday for the following week.

_____ \$10/week per child (enclosed)

Please fill in the dates your child/children will be attending:

Day	Date	Check if Attending
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

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

Parent Signature: _____ Date: _____