



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 year of: _____

Member Full Name: _____

Grade: _____

Parent Name: _____

\$325 per child for entire school year

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: _____