## 2024 Registration **Summer Programs**



Child's Name:	Birthdate:
Parent's Name:	
Address:	
City:	Zip:
Phone (Mobile):	Phone (Work):
Email:	
☐ Currently Enrolled ☐ Alumni ☐ Comr	munity   Grade/progam entering in Fall 2024?
Ethnicity (optional): Hispanic or Latino or Spanish	ease specify: Origin  Not Hispanic or Latino or Spanish Origin Asian  Black or African American  White  Multi-Racial
How did you hear about ECEC?   Current Far	mily (Family Name:)
PROGRAM WEEKS (check all weeks you wish your child to attend)  AGE LEVEL (must be 5 by May 30, 2023)	☐ July 15-26 ☐ July 29-Aug 9
DAYS & TIME  (days/time checked will be your child's days/ time for all requested summer programs; ONLY 1 BOX SHOULD BE CHECKED.)	☐ T/Th 9 a.m 3:30 p.m.       ☐ T/Th 7:30 a.m 6 p.m.         ☐ M/W/F 9 a.m 3:30 p.m.       ☐ M/W/F 7:30 a.m 6 p.m.         ☐ M-F 9 a.m 3:30 p.m.       ☐ M-F 7:30 a.m 6 p.m.
make checks payable to Concordia University Chicae supply you with the forms needed to complete sum	nt of a \$75.00 non-refundable registration fee and a copy of the child's birth certificate. Please go. When your child is accepted into the program, we will notify you of your child's class and mer enrollment. A \$30.00 supply fee will be due on the first day of your child's summer ges after May 1, 2024 so that we may accommodate all of our summer programming needs.
Parent Signature:	Date:
Parent Signature:	Date:
FOR OFFICE USE ONLY Date Received:	Registration Fee received Copy of birth certificate received