

Summer Husky Den Registration Contract

Child's Name: _____ Date of Birth: _____

Primary Parent (responsible for billing) _____

Address: _____

Phone: (H) _____ (W) _____

Email: _____

Second parent (if applicable): _____

Address: _____

Phone: (H) _____ (W) _____

Email: _____

Please list any allergies we should be aware of for snack purposes:

Fees: \$3 per hour per child with a yearly **\$15 registration fee per family at School Registration.**

Billing is the first and third Monday of the month after the first two weeks of care.

*All checks are made payable to: **New Holstein School District***

Husky Den Summer Enrichment Program Hours: M T W Th F –5:45 AM-6:00 PM

Please indicate the days and actual hours needed for scheduling purposes:

Monday	Tuesday	Wednesday	Thursday	Friday
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:

Start date: _____

Set Vacation days:

Parent Signature: _____

For office use only: Received Date _____ Confirmation Date _____ Amount Received _____