

Summer School Husky Den Registration Contract

Child's Name: _____ Date of Birth: _____

Primary Parent(s) (responsible for billing) _____

Address: _____

Phone: (H) _____ (W) _____

Email: _____

Second parent(s) (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 \$15 registration fee per new family at registration. Billing is at the end of the session.

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

Husky Den Program Hours: M T W Th F-- 6:00-8:00 AM—in Middle School

M T W Th F--12:00-6:00 PM—at Elementary School

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

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Parent Signature: _____

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