

FOR OFFICE USE ONLY	
Date turned in:	_
Reg. fee	
Credit Card	
Cash \$	
☐ Check #	



Personal Information

Growing Place Club

DCFS REQUIRES ALL FIELDS COMPLETED

Child's Name:	ld's Name: Nickname:		Date of Birth:	
☐ Male ☐ Female Primary Phone:(Primary Email:			
	(name and number)		(email address)	
Address:				
(number and street)	(city)	(state)	(zip)	
Fees:				
Growing Place Club Registration	Fee (Extended Sta	y): \$50 (Non-Refund	lable)	
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Growing Place Club (Extended S	tay <u>)</u> (Children ages 3	+ years old by Aug	ust 31, 2020)	
☐ Monday/Wedn	esday afternoons			
) pm - \$100 per mont	h		
☐ Tuesday/Thurso	day afternoons			
12:00 pm - 1:30) pm - \$100 per mont	h		
Parent / Guardian printed name:				
Parent / Guardian signature:		Date: _		