



**Please note:** Invoicing will be sent via mail at the beginning of each season for families contracted for after care. For families using the “drop-in” option, invoicing will be done twice a month via mail.

**Fall Season:** Sept. 22 – Nov. 7, 2014 | **Winter Season:** Nov. 10, 2014 – Feb. 13, 2015 | **Spring Season:** Feb. 16 – May 29, 2015

First Name	Initial	Last Name	Birth Date	Sex(M/F)	Grade

Please Comment:

Mrs.	Mr.	Dr.	Ms.	Parent/Guardian #1 First Name	Initial	Parent/Guardian #1 Last Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian #1 Work Phone									Ext.		Parent/Guardian #1 Cell Phone						Parent/Guardian #1 E-mail Address																					
			-				-							-			-																					

Mrs. Mr. Dr. Ms.	Parent/Guardian #2 First Name	Initial	Parent/Guardian #2 Last Name
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian #2 Work Phone									Ext.		Parent/Guardian #2 Cell Phone						Parent/Guardian #2 E-mail Address																					
			-				-							-			-																					

Street Address Home Phone #1

City	State	Zip Code	Home Phone #2

Who should receive correspondence at the above address? ☐ Parent/Guardian #1 ☐ Parent/Guardian #2

I give permission for my home phone number(s) to be accessible to other families ☐ Yes ☐ No

Who is the emergency contact person in the event that both parents are unavailable?

Name: Relationship: Phone 1: Phone 2:

Who is permitted to pick up other than the parents/guardian(s) listed above?

Name: Relationship: Phone 1: ( ) Phone 2: ( )

**PLEASE REFER TO EAPROGRAMS.ORG FOR UP-TO-DATE PROGRAM INFORMATION TO COMPLETE THE FIELDS BELOW.**

[illegible]



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HOLIDAY & VACATION CAMPS	DATE	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

[illegible]

**E**Aprograms.org

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_