2024 Spring Break Anchor Academy Registration

Child's Name:						Grade	e entering:		
Child's Name:						Grade	e entering:		
Child's Name:						Grade	e entering:		
Parent/Guardian	n					Cell P	hone:		
Address:							Work Phone:		
	(Tuit	ion is	Academy w	prior to	Anchor	Academy	date).	DITE:	
Circle one date: March 25 th - 29 th April 15 th - 19 th :	tte: Total number of children attending: 29 th th:					1017	TOTAL TUITION DUE:		
	Youth	T-s	hirts (1 t-shir	rt includ	led; extra	shirts \$10	.oo each)		
Child Name		Size		Q	QUANTITY:				
				Т	OTAL #:				
The amount due				to the	card I lis	t below. I	nitial:	_	
Name on card:	ne on card: Type of card:		Credit card number:		Expires:	# on back of card:	Zip code for card:		
Signature:	ı		1				Date	:	

Emergency Contact and Authorized Pick-up list

Directions: Please choose Emergency contacts that can be authorized to pick-up your child(ren) at the designated pick-up time of 3:00 p.m. There is no aftercare.

Emergency contact #1	l:		
Name:	Relationship to child:	Phone Number:	Authorized to pick-up?
Emergency contact #2	2:		
Name:	Relationship to child:	Phone Number:	Authorized to pick-up?
Emergency contact #3	3:		
Name:	Relationship to child:	Phone Number:	Authorized to pick-up?
detail.	any special considerations our staff	needs to be aware of? Ple	ease list and explain
Does your child have for your child? Please	any allergies staff should be aware c explain in detail.	of? If so, what precautions	s need to be in place
know about my child	wledge the special considerations a are listed above. I have also chosen d pick-up people, and will make sure	the above-mentioned per	
Parent/Guardian Sign	ature.		Date: