

All Registration Fees Must Be Paid When Submitting This Form

1. Name of Child (Last, First, Middle) _____

Age _____ Birthdate _____ 2017-18 Grade: _____ School: _____

Before School: Monday Tuesday Wednesday Thursday Friday
After School: Monday Tuesday Wednesday Thursday Friday

2. Name of Child (Last, First, Middle) _____

Age _____ Birthdate _____ 2017-18 Grade: _____ School: _____

Before School: Monday Tuesday Wednesday Thursday Friday
After School: Monday Tuesday Wednesday Thursday Friday

3. Name of Child (Last, First, Middle) _____

Age _____ Birthdate _____ 2017-18 Grade: _____ School: _____

Before School: Monday Tuesday Wednesday Thursday Friday
After School: Monday Tuesday Wednesday Thursday Friday

Please assist us in providing the best possible care to your child by letting us know of any special needs your child may have:

Is your child enrolled in a special education class? Yes No

PRIMARY HOUSEHOLD OF CHILD(REN)

** This account has 100% tuition responsibility*

Please email the link I need to pay online with a credit card using Tuition Express. I have listed the email address that I would like to use for communication and to register my account for online payments :

Parent(s) Names _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell/Other Phone _____

E-Mail Address _____

(please print email address clearly)

(For Kids Club Use Only)

Registration Date: _____ Child Start Date: _____ Staff Name _____

The South Lyon Community School District does not discriminate on the basis of race, color, national origin, sex, disability, weight, religion, or marital status in its programs and activities.