



Sanlando Christian School Registration Form

Child Information

Child's Name: _____ Birthdate: _____

Address: _____ Gender: M F

Family Information

Mother/
Guardian Name: _____ Father/
Guardian Name: _____

Address: _____ Address: _____

City, ZIP: _____ City, ZIP: _____

Primary Phone: _____ Primary Phone: _____

Secondary Phone: _____ Secondary Phone: _____

Employer: _____ Employer: _____

Email: _____ Email: _____

DL #: _____ DL #: _____

Additional Contacts (Persons allowed to remove child from center.)

Name & Number: _____

Name & Number: _____

Medical Information

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies or Medical Conditions: _____

Camp Sessions

Week:	Days:	Tuition:
Superhero Summit (June 6-10)	<input type="checkbox"/> MWF <input type="checkbox"/> TTH <input type="checkbox"/> All week	_____
Magic vs. Miracles (June 27-July 1)	<input type="checkbox"/> MWF <input type="checkbox"/> TTH <input type="checkbox"/> All week	_____
Amazing Race (July 18-22)	<input type="checkbox"/> MWF <input type="checkbox"/> TTH <input type="checkbox"/> All week	_____
Olympic Fever (July 25-29)	<input type="checkbox"/> MWF <input type="checkbox"/> TTH <input type="checkbox"/> All week	_____

SUMC Member
 SCS Class: _____
 Elem School: _____

Registration Fee: _____ Cash / Check: # _____
Notes: _____
Grade completed: _____