



# LAA Adventure Club Fall Registration 2024-2025



Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_

Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Allergies/Chronic Health Issues: \_\_\_\_\_

**Schedule:**

\*Circle days needed below.

**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

Hours Attending LAA: \_\_\_\_\_ to \_\_\_\_\_  
Arrival & Departure. **BEFORE SCHOOL** **AFTER SCHOOL**

Registration Fee \$75.00 \_\_\_\_\_ \*Payable at the time of Registration

\*CURRENT STUDENTS \$50.00 \_\_\_\_\_

First Weeks Tuition \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_