



LAA Adventure Club Summer Registration 2024



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: _____

Child's Schedule:

*Circle days needed below.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Circle care times & weeks needed.

Hours: 8:30A-11:30P OR FULL DAY: _____ to _____

JUNE 17th *CLOSED M. 6/17	JULY 22 TH	AUGUST 26 TH *CLOSED 8/26
JUNE 24 TH	JULY 29 TH	
JULY 1 ST *CLOSED TH.7/4	AUGUST 5 TH	
JULY 8 TH	AUGUST 12 TH	
JULY 15 TH	AUGUST 19 TH *CLOSED M 8/19	

Registration Fee \$75.00 _____ *Payable at the time of Registration.

*CURRENT STUDENTS \$50.00 _____

First Week\$ _____ Check # _____ Date: _____