



Summer School-Age Enrollment Form



100 North Braddock Avenue, Pittsburgh, PA 15208 • phone 412-243-4040 • fax 412-243-0504 • www.shadylane.org

Child Information

First Name	Last Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address		City	State Zip
Birth Date		Child's School District	

Parent/Guardian #1 Information *Relationship to Child: _____

First Name	Last Name	Home Phone	Cell Phone
Street Address (if different from Child's)		City	State Zip
Employer and Occupation		Work Phone	E-mail Address

Parent/Guardian #2 Information *Relationship to Child: _____

First Name	Last Name	Home Phone	Cell Phone
Street Address (if different from Child's)		City	State Zip
Employer and Occupation		Work Phone	E-mail Address

Enrollment Information: Daily Program 8:30 a.m-4:30 p.m.

Extended Day Option
7:30 a.m.-6:00 p.m.

<input type="checkbox"/> June 18-August 24	<input type="checkbox"/> June 18-July 27 (6 weeks)	<input type="checkbox"/> July 30-August 24 (4 weeks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Payment Information

Persons responsible for paying tuition: * If CCIS or Other is selected, you must attach a copy of verifying documents.

Parent / Guardian CCIS *Other _____

Routing:

GC:
JR:
CC: Class:
Accounting:
Fin. Agreement to Office:
Statement Generated: