

2023-ALU SUMMER APPLICATION

Date _____

Student's Name _____ Phone _____ B.D. _____ Age _____

Address _____ Zip _____ School _____ Current Grade _____

1) Parent's Name _____ 2) Parent's Name _____

1) Parent's Employer/School _____ Address _____

Work Phone _____ Cell _____ Email _____

2) Parent's Employer/School _____ Address _____

Work Phone _____ Cell _____ Email _____

2) Parent's Address (if different) _____ Zip _____ Phone _____

Person Authorized to Pick Up Student daily _____ Phone (if different) _____

Address (if different) _____ Zip _____ Cell _____

Additional Authorized Person _____ Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Siblings enrolled at ALU _____ Location _____

If possible, please group my child with (friend/relative) _____

My child will usually arrive at _____ and leave at _____ daily.

Allergies/Medications/Special Needs _____

Immunization record and medical forms must be supplied if they are not already on file with ALU

Child's Name _____ Registration fee \$ _____ Date PD _____ Ck# _____

T-shirt size _____ T-shirt received (date) _____ Signature _____

My child will be attending the summer program (CHECK BELOW): if less than 5 days, designate which (MTWRF)

Week 1-Amt. Pd. _____ June 19th- June 23rd _____ Date Paid _____ Ck# _____

Week 2-Amt. Pd. _____ June 26th – July 30th _____ Date Paid _____ Ck# _____

Week 3-Amt. Pd. _____ July 5th– July 7th _____ Date Paid _____ Ck# _____

Week 4-Amt. Pd. _____ July 10th- July 14th _____ TBD _____ Date Paid _____ Ck# _____

Week 5-Amt. Pd. _____ July 17th–July 21st _____ TBD _____ Date Paid _____ Ck# _____

Week 6-Amt. Pd. _____ July 31st –Aug 4th _____ TBD _____ Date Paid _____ Ck# _____

Week 7-Amt. Pd. _____ Aug 7th–Aug 11th _____ Date Paid _____ Ck# _____

Week 8-Amt. Pd. _____ Aug 14th- Aug 18th _____ Date Paid _____ Ck# _____

Week 9-Amt. Pd. _____ Aug 21st- Aug 25th _____ Date Paid _____ Ck# _____

My child has permission to go on Trips weekly, Leone Riverside Park and Light St. Library with ALU staff. All Lives United has my permission to use photos or video of my child (without their name), for promotion, fundraising or on the ALU. website or Facebook page, without compensation. I have read and agree to the Summer Guidelines.

Parent's Signature _____ Date _____