

LOTTERY REGISTRATION
KIDS UNLIMITED AFTERSCHOOL PROGRAM
2021-2022 School Year

Name: _____ Date of Birth _____ Gender: ___ Age: ___
 Address: _____ City _____ State : ___ Zip: _____
 Home Phone: _____ School: _____ Grade: _____ Start Date: _____

| CHECK <input checked="" type="checkbox"/> NUMBER OF DAYS: | CHECK <input checked="" type="checkbox"/> DAYS ATTENDING: |
|---|--|
| <input type="checkbox"/> 5 days/week - \$636.00/month <input type="checkbox"/> 4 days/week - \$561.00/month <input type="checkbox"/> 3 days/week - \$443.00/month | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday |

| | |
|---|---|
| Parent Name: _____ Phone Home: _____ Work: _____ Cell: _____ | Parent Name: _____ Phone Home: _____ Work: _____ Cell: _____ |
|---|---|

Family Email _____

All payments must be guaranteed by a credit card. Please fill in information below.

Name on Card: _____

MC/Visa/American Express:

_____-_____-_____-_____ **Exp date** _____ **Security Code** _____

Enrollment date _____ **(For office use only)**