



Summer LEARN 2023 Registration Form Attachment for Additional Children

OFFICE ONLY

Date Registration and Registration Fees
Paid: _____
Amount Paid _____
Payment Method: ___Cash ___Check
___Online
Staff Initials _____

Child #3

Last Name _____

First Name _____

Street Address _____

City _____ Zip _____

Birthdate ___/___/___ Gender M F

Age _____ Entering grade _____

School attending _____

Ethnicity:

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

Race: *Please check one or more*

- White Black or African American Asian
- Native Hawaiian or Pacific Islander
- American Indian or Native Alaskan
- Other Race _____

Shirt Size: Youth: XS S M L

Adult: S M L XL

Child #4

Last Name _____

First Name _____

Street Address _____

City _____ Zip _____

Birthdate ___/___/___ Gender M F

Age _____ Entering grade _____

School attending _____

Ethnicity:

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

Race: *Please check one or more*

- White Black or African American Asian
- Native Hawaiian or Pacific Islander
- American Indian or Native Alaskan
- Other Race _____

Shirt Size: Youth: XS S M L

Adult: S M L XL