



SCHOOL BREAK WEEK PROGRAMMING

REGISTRATION FORM

Fill out one form for each child

Name of Parent/Guardian: _____

Are you a member of RCHS? YES NO WANT TO JOIN

Child's Name: _____ Birth date: _____

Address: _____

Home #: _____ Work #: _____

Cell #: _____

EMAIL: _____

Program(s) you wish to attend

_____ If These Walls Could Talk (2/21 – 2/24, 2012) _____ Trail of Hope (4/10 – 4/13, 2012)

Before/After Care - \$6 per day, per session, per child

DATE	BEFORE CARE (AM)	AFTER CARE (PM)
Tuesday 2/21		
Wednesday 2/22		
Thursday 2/23		
Friday 2/24		
Tuesday 4/10		
Wednesday 4/11		
Thursday 4/12		
Friday 4/13		

Member Price / Early Bird	\$225 / \$202.50	Early bird is before 1/27 for February, before 3/16 for April
Non-Member Price /Early Bird	\$275 / \$242.50	
Before/After Care	# of sessions X \$6 = _____	
Join as Family Member	\$65	
TOTAL AMOUNT	\$ _____	

_____ Check is enclosed made payable to RCHS _____ Charge my VISA or MASTERCARD

Card Number: _____

Expiration Date: _____ Security Code: _____

Authorizing Signature for Credit Card Use: _____