



Furlough Day Academy Registration

SCRIBE'S NAME(s): _____

GRADE Level(s): _____

Parents'/Guardian's NAME(s): _____

Other responsible parties for drop-off or pick up are:

HOME ADDRESS

CONTACT NUMBERS

1. _____
2. _____
3. _____

MEDICAL INFORMATION

Doctor: _____ Address: _____

Phone: _____ Medical Group #: _____ Carrier: _____

Food allergies: _____

Please check furlough days you are registering for:

- | | |
|--|--|
| <input type="checkbox"/> January 27 th | <input type="checkbox"/> May 4 th |
| <input type="checkbox"/> February 10 th | <input type="checkbox"/> May 25 th |
| <input type="checkbox"/> March 23 rd | <input type="checkbox"/> June 11 th – June 15 th |
| <input type="checkbox"/> March 30 th | <input type="checkbox"/> Register for 5+ days: <u>20% off</u> |

Payment Information

- ✓ Payments made one (1) or more week(s) prior to furlough day: **\$30.00 per day.**
- ✓ All other payment submissions: **\$35.00 per day.**

- Cash Money Order