

Afterschool at LREI

Drop-In Registration Form

Fall 2007

Student Name	Grade/Class
Parent/Guardian Name	Phone
Allergies, Medications & Medical Conditions	Pick-up Permission

Total Due *\$30 per day*

Number of Days: _____ x \$30

Please list dates of attendance

Total Due: \$ _____

Payment Method

Cash

Name of cardholder

Check

Make checks payable to LREI, Inc.

Card Number

Please charge my credit card:

Visa

Mastercard

**please note that charge card charges must total \$25 or more.*

3 digit code on back of card

Billing Zip Code

Expiration date

\$ Amount

Signature

Payment should be made in advance or by pick-up the day of drop-in attendance.

Please note that a \$1 late fee will be charged for each day that payment is not received following the day of attendance.