

# Starland Registration Form - ph: 847.914.9100 • fax: 847.914.0029

Parent's Name \_\_\_\_\_ Student's Name \_\_\_\_\_

Email \_\_\_\_\_

Student's Birthday \_\_\_\_\_ School \_\_\_\_\_

Hm. Phone (    )                      Wk. Phone (    )                      Cell Phone (    )

Circle One

Circle One

## Class Registration - Winter Spring Summer Fall - M T W Th F S

Class Name/Time \_\_\_\_\_

Class Name/Time \_\_\_\_\_

**Bus Option \$5/time:** yes no - **Lunch Bunch - \$5/time:** yes no

Circle One

Circle One

## Camp Registration - Winter Spring Summer - Morning Afternoon Full Day

Class Name/Time \_\_\_\_\_

Class Name/Time \_\_\_\_\_

**Lunch Bunch - \$7/time:** yes no

## Payment Information

**Cash**                      **Check** (please attach to form)                      **Credit Card:** Visa    MasterCard    Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC# \_\_\_\_\_ Amount \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_