

The Salvation Army
Children's University
School-Age
Registration Form

Child's Name _____

School: _____

School Year: _____

Child's Schedule:

A.M.

P.M.

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Payment:

_____ I agree to pay the weekly rate, the days my child is scheduled to attend Children's University.

Parent's Signature