

**LOTTERY REGISTRATION**  
**KIDS UNLIMITED AFTERSCHOOL PROGRAM**  
**2022-2023 School Year**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_ Start Date: \_\_\_\_\_

CHECK <input checked="" type="checkbox"/> NUMBER OF DAYS:	CHECK <input checked="" type="checkbox"/> DAYS ATTENDING:
<input type="checkbox"/> 5 days/week - \$668.00/month <input type="checkbox"/> 4 days/week - \$589.00/month <input type="checkbox"/> 3 days/week - \$465.00/month	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Parent Name: _____ Phone Home: _____ Work: _____ Cell: _____ Parent DOB: _____	Parent Name: _____ Phone Home: _____ Work: _____ Cell: _____ Parent DOB: _____
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<b>Family Email</b> _____
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**All payments must be guaranteed by a credit card. Please fill in information below.**

**Name on Card:** \_\_\_\_\_

**MC/Visa/American Express:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 Exp date \_\_\_\_\_ Security Code \_\_\_\_\_

**Enrollment date** \_\_\_\_\_ **(For office use only)**