



2026 Summer Program

Registration

16 West Main Street, Clinton

Please fill out one complete registration form for EACH child enrolling in the summer program.

Child's Full Name: _____

Grade Entering: _____ Birthdate: _____ Gender: _____

Allergies: _____

Person(s) allowed to pick child up: _____

Parent/Guardian: _____

Home Address: _____

City, State, Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Program Preferences: To Enroll: Please specify the weeks, days and morning/afternoon options.

Dates:

You will receive an email confirming your program preferences upon receipt of this registration form.

Parent/Legal Guardian Signature: _____ Date: _____

(For AAL Staff ONLY)

\$50 Non-Refundable Deposit for AAL Program

Date Recieved: _____

Payment/Check #: _____

Total Payment Due: _____

Payment in Full: _____