

**MAKE CHECKS PAYABLE TO:**  
**THE CITY OF APPLETON**  
 P.O. Box 1976, Appleton, WI 54911-1976

FOR OFFICE USE ONLY		
RCD \$ _____	BY _____	DATE _____
Check # _____	Cash _____	Credit Card _____
PB _____	RECEIPT _____	DATE _____

**PROGRAM REGISTRATION FORM**

(PLEASE PRINT)

FAMILY LAST NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ TELEPHONE H- \_\_\_\_\_

W- \_\_\_\_\_

**DO YOU LIVE INSIDE THE CORPORATE CITY LIMITS OF APPLETON? YES NO**

**CHECK YOUR RESIDENCY!** Grand Chute \_\_\_\_\_ Darboy \_\_\_\_\_ Town of Harrison \_\_\_\_\_ Other \_\_\_\_\_

PARTICIPANT'S FIRST NAME	PARTICIPANT'S BIRTHDATE	CLASS NAME	1ST CHOICE CLASS NUMBER	2ND CHOICE CLASS NUMBER	FEE

**IMPORTANT: THE HOUSHOLD INFORMATION FORM MUST BE FILLED OUT ONCE PER FAMILY  
 CHECK HERE IF YOU HAVE ALREADY FILLED OUT THE HOUSEHOLD INFORMATION FORM**