

**ACCL SUMMER SCHOOL**

**African Community Center of Lowell 99 Church Street**

**Lowell, MA 01852**

[**www.acclowell.org**](about:blank)[**info@acclowell.org**](about:blank)

**(978)-654-5678**

**Student Registration Form**

Please fill out the form carefully for registration and return to the African Community Center of Lowell.

* You can email completed registration form to [office@acclowell.org](about:blank)
* Mail hard copy to address:

African Community Center of Lowell

99 Church Street

Lowell, MA 01852.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** | **Student Age** | **Student School** | **Student Grade** | **Allergies** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When parent actually brings child for the first time, they can sign papers that give their permissions for photos/health/etc.

"**Thank you again and again for being part of ACCL.**

**EIN # 84-2740360**