

Love INC Family Life Center
6 Week Summer Program Pre-Registration

Family Name:

Address:

Phone:

Family Member:

1st Class Choice:

2nd Class Choice:

Family Member:

1st Class Choice:

2nd Class Choice:

Family Member:

1st Class Choice:

2nd Class Choice:

Family Member:

1st Class Choice:

2nd Class Choice:

Family Member:

1st Class Choice:

2nd Class Choice:

Please list other children in the home who will be attending childcare rooms, include their age:

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| melissab@loveincmanistee.org