

CAREER CENTER

Take the Advantage

Mr. Josh Johnson
Stumpenhorst
WACC Director
Principal

Mrs. Lindsay
WACC

PARENT / GUARDIAN INFORMATION

Name _____
Address _____
City/State/Zip _____
Home Phone _____
Cell Phone _____
Email _____

Name _____
Gender _____ DOB _____
Allergies or Medical Concerns?

Name _____
Gender _____ DOB _____
Allergies or Medical Concerns?

EMERGENCY CONTACT

Relation _____
Phone Number _____

Name _____
Gender _____ DOB _____
Allergies or Medical Concerns?

CAMPER INFORMATION PROGRAM REGISTRATION

Program Name	Start Day / Time	End Day / Time	Tuition

PAYMENT METHOD

Payment Options	Date
Cash: _____	
Check: _____	

*Whiteside
Area*

Whiteside Area

*Career
Center*

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Stumpfenhorst
WACC Director
Principal

Mrs. Lindsay
WACC

Signature (Legal Guardian) _____ Date _____

1608 Fifth Avenue
Sterling, IL 61081

www.wacc.cc

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