



# CHILDREN'S DISPENSARY

## "A PLACE TO BE ME"

Mission Statement: To enhance the learning and enrich the lives of people with special needs.

### Spring 2010- Sign-Up Sheet

Child's Name \_\_\_\_\_

<b>Fun &amp; Learn at Saint Mary's College/Regina Hall 141</b> Saturday Mornings, 10:00 a.m. - 12:30 p.m. 1/16, 1/23, 1/30, 2/6, 2/13, 2/20, 2/27, 3/27, 4/17, 5/1	\$100
<b>Bowling at Elks Bowling Alley, 3535 McKinley Ave., South Bend, IN 46615</b> Monday Evenings, 5:00-7:00 p.m. 1/11, 1/25, 2/1, 2/8, 2/22, 3/1, 3/22, 3/29, 4/12, 4/19,	\$100
<b>Teen Club at Elks Card Room 3535 McKinley Ave., South Bend, IN 46615</b> Friday Evenings, 5:00-7:00 p.m. 1/15, 1/22, 1/29, 2/5, 2/12, 2/19, 2/26, 3/26, 4/16,	\$90
<b>Splash Universe, Meet at the Elks Lodge #235 at 8:45a.m.</b> February 13, 2010, return 5:00 p.m.	\$35
<b>Spring Formal Elks Lodge #235 Lodge Room/Card Room</b> April 30, 2010, 5:00 p.m. - 7:00 p.m.	\$10 (DJ Expense)
A caregiver will be attending with my child on (list dates) _____	

Please check one of the following:

Enclosed is my  check  money order for \$ \_\_\_\_\_ payable to the Children's Dispensary, Inc.

Please charge \$ \_\_\_\_\_ to my (check one)  Visa  Master Card  Discover  Amer. Express  
 Expiration Date \_\_\_\_\_ Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ (3 digits on back of card)

or

I would like Financial Aid for this semester. Attach a completed Financial Aid request form.

CHILDREN'S DISPENSARY, "A PLACE TO BE ME" sponsors several events during the year to raise scholarship monies and to support our teachers and programs. Donations to the Children's Dispensary are greatly appreciated.

Signature Parent /Guardian

DATE