



Online Activation Form

Family Last Name _____ Elem. School district _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____

Email _____

All family members at this address:	Date of Birth	Circle One	Grade
Name: _____	_____	Male Female	_____
Name: _____	_____	Male Female	_____
Name: _____	_____	Male Female	_____
Name: _____	_____	Male Female	_____
Name: _____	_____	Male Female	_____
Name: _____	_____	Male Female	_____

Please return this form with your proof of residency in person to the Sullivan Community Center.