



Preschool Summer Enrollment Application 2017

Child's Name _____

Child's Birthdate and age _____

Parent's Name (s): _____

Best number to reach you (circle: Home / Cell / Work): _____

Mailing Address: _____

Email Address: _____

Please circle desired class:

2 Day (\$150/session)
Tuesday and Thursday
9 AM – 12 noon

3 Day (\$220/session)
Mon, Wed & Fri
9 AM – 12 noon

5 Day (\$350/session)
Monday-Friday
9 AM – 12 noon

Session (mark with an X)

Session 1: June 5 through June 30

Session 2: July 10 through August 4

My child has the following special needs (eg vision, hearing, IEP, behavior, learning):

Early AM care from 7:30-8:30 AM is available at \$8 per day.

8:30-9:00 and 12:00-12:30 extensions are available for \$3 each.

Tuition is due by the 10th of June for the first session and the 10th of July for the second session. _____ (initial)

Parent's signature: _____ Date: _____