

SUMMER 2009 ENROLLMENT APPLICATION

Name: _____ D.O.B. _____

Parent's/ Guardian's Names: _____

Home Address: _____

Home Phone Number: _____

Work Phone Number: (Mother) _____ (Father) _____

Cell Phone Number: (Mother) _____ (Father) _____

e-mail address: _____ Date of Application _____

Please check/circle

Program	Morning 9:00-12:00	Full day 9:00-2:30	Extended day 7:30-6:00
() 5 days per-week	() \$850	() \$990	() \$1320
() 4 days per-week	() \$800	() \$950	() \$1200
() 3 days per- week	() \$750	() \$900	() \$1100

A \$100.00 non refundable deposit is required to process the application.

Please Check:

- () Summer Session I: Monday 7/06/09 – Friday 7/31/09
- () Summer Session II: Monday 8/03/09 – Wednesday 8/28/09
- () Both Sessions

Signature of parent/ guardian

Signature of Director

Date