

SUMMER 2010 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
<input type="checkbox"/> 5 days per-week	<input type="checkbox"/> \$850	<input type="checkbox"/> \$990	<input type="checkbox"/> \$1320
<input type="checkbox"/> 4 days per-week	<input type="checkbox"/> \$800	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1200
<input type="checkbox"/> 3 days per- week	<input type="checkbox"/> \$750	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1100

An additional 10% of tuition will be added for non potty trained children.

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

Please Check:

- Summer Session I: Monday 7/5/10 – Friday 7/30/10
- Summer Session II: Monday 8/02/10 – Friday 8/27/10
- Both Sessions

Signature of parent/ guardian

Signature of director

Date