

2017 Summer School Registration Kindergarten/1st Grade Prep

Name of Child (Last) (First) (Middle) M____F____ Sex____ Date of Birth____

Address____ City____ Zip Code____ Home Phone____

Place of Birth: City____ State____ Country____

Father____ Mother____
Parents' Names (Last) (First) (Last) (First)

Business Phone Father____ Mother____

Cell Phone Father____ Mother____

E-Mail Address Father____ Mother____

One Seven Week Summer Session: June 19th through August 4th____

Class Preferred:

	Days	Hours	Fees
____ Early Arrival	5 days	7:30am-8:15am	\$175 \$____
____ Kindergarten/1 st Grade Prep 5 days M-F (Eligible for Kindergarten 2017)	8:30am - 12:30pm		\$1,820 \$____
	8:30am - 3:30pm		\$2,280 \$____
	8:30am - 6:00pm		\$2,560 \$____
	Sub Total		\$____
	Minus Deposit		\$____
	Balance Due		\$____

I understand that:

1. A **non-refundable deposit** of \$100.00 for the session per child is payable the date this registration is submitted. This deposit **must be paid** before a space is reserved for your child and is applicable to your child's Summer School tuition.
2. **This deposit is refundable only if space is not available.**
3. A \$25.00 processing fee will be charged **for each schedule reduction** once you have accepted your child's class schedule for the session.
4. We are unable to offer tuition, rebate, allowance or deduction for absence for any reason.
5. Deposits will be refunded if a class is cancelled.

For Office Use Only

Pd.____

Check #____

Cash____

Date____

Date Signature of Parent