

# Enrollment Form

## *School Year 2014-2015*

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_

- My child will be attending Summer School and Fall 2014-2015  
 My child will be attending Summer School and will not be returning for Fall term  
 My child will not be attending Summer School, but will return for Fall term  
 My child will be withdrawing and will not be returning for Summer or Fall

### **My child's Summer Schedule and Hours will be:**

*(Please circle the week your child will be attending and check the box for schedule)*

<b>Wk 1</b>	<b>Wk 2</b>	<b>Wk 3</b>	<b>Wk 4</b>	<b>Wk 5</b>	<b>Wk 6</b>	<b>Wk 7</b>	<b>Wk 8</b>
6/30-7/3	7/7-7/11	7/14-7/18	7/21-7/25	7/28-8/1	8/4-8/8	8/11-8/15	8/18-8/22

5 Full Days

M – F 8:30 – 3:00

3 Full Days (Please circle which 3 days)

Mon.      Tues.      Wed.      Thur.      Fri.      8:30 – 3:00

AM Extended Day Care      7:00 – 8:30

PM Extended Day Care      3:00 – 6:00

AM and PM Extended Day Care

### **My Child's Fall Schedule and Hours will be:**

*(Please check the option your child will be attending)*

5 Full Days

M – F 8:30 – 3:00

3 Full Days (Please circle which 3 days)

Mon.      Tue.      Wed.      Thur.      Fri.      8:30 – 3:00

AM Extended Day Care      7:00 – 8:30

PM Extended Day Care      3:00 – 6:00

AM and PM Extended Day Care