

2020 Summer Camp Registration - Changes (other than additions) must be received no later than April 1st!

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 _____

Weekly Session(s) Preferred:

Week #1	June 22 nd through June 26 th	_____	Week #5	July 20 th through July 24 th	_____
Week #2	June 29 th through July 2 nd	_____	Week #6	July 27 th through July 31 st	_____
Week #3	July 6 th through July 10 th	_____	Week #7	Aug. 3 rd through Aug. 7 th	_____
Week #4	July 13 th through July 17 th	_____	Week #8	Aug. 10 th through Aug. 14 th	_____

Class Preferred: _____ Total Weeks: _____

_____ Early Arrival (per week)	Days	Hours	Fees	
	5 days	7:30-8:15	\$25	\$ _____
Full Time:				
Fees Per Week				
_____ Preschool I 5 Days	5 days	8:30 - 12:30	\$305.00	\$ _____
(PSI 3 Yrs. by 12/02/20)	5 days	8:30 - 3:30	\$370.00	\$ _____
	5 days	8:30 - 6:00	\$420.00	\$ _____
_____ Preschool II 5 Days	5 days	8:30 - 12:30	\$300.00	\$ _____
(PSI 4 Yrs. by 12/02/20)	5 days	8:30 - 3:30	\$365.00	\$ _____
	5 days	8:30 - 6:00	\$400.00	\$ _____
_____ Transitional Kindergarten	5 days	8:30 - 12:30	\$315.00	\$ _____
(TK 5 Yrs. by 3/2/2021)	5 days	8:30 - 3:30	\$390.00	\$ _____
	5 days	8:30 - 6:00	\$450.00	\$ _____
		Sub Total		\$ _____
		Minus Deposit		\$ _____
		Balance Due		\$ _____

I understand that:

1. A **non-refundable deposit** of \$200.00 per 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 Camp tuition.
2. **This deposit is refundable only if space is not available.**
3. A \$50.00 processing fee will be charged **for each schedule reduction** after acceptance of your child's schedule.
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.
6. I agree to activate/use the online childcare management system, including notifications, online statements, and bill pay for tuition.

_____ Date _____ Signature of Parent _____

For Office Use Only
Pd. _____
Check # _____
Cash _____
Date _____