



Parent's Name: _____

Child's Name: _____ D.O.B: _____

Address: _____

Cellphone: _____

Emergency Contact: _____

Please check your schedule option:

Session I (Four Weeks):

- ___ Half Day (8:30am - 12:00pm) **\$1,900**
- ___ School Day (8:30am - 3:00pm) **\$2,200**
- ___ Full Day (7:30am - 5:30pm) **\$2,500**

Session II (Four Weeks):

- ___ Half Day (8:30am - 12:00pm) **\$1,900**
- ___ School Day (8:30am - 3:00pm) **\$2,200**
- ___ Full Day (7:30am - 5:30pm) **\$2,500**

Session III (Two Weeks):

- ___ Half Day (8:30am - 12:00pm) **\$950**
- ___ School Day (8:30am - 3:00pm) **\$1,100**
- ___ Full Day (7:30am - 5:30pm) **\$1,250**

I have included the **non-refundable \$50.00** registration fee and kindly request that a space be reserved for my child.

Pay Summer Tuition in full, and receive a 5% discount!

Signature: _____

Date: _____