

## **Summer Registration Form**

SECTION A: CHILD INFORMATION						
Student's Name:				Date of Birth:		
Mother/Guardian Name:		Phone:		E-mail Address:		
Father/Guardian Name:		Phone:		E-mail Address:		
Emergency Contact (Othe	r than Parents):			Phone Number:		
SECTION B: MEDICAL INFOR	RMATION					
Asthma	Yes	No				
Gluten Intolerance or Specia	l Diet Yes	No	If Yes, Specify:			
Other:	Yes	No				
SECTION C: SUMMER WEEK						
Weeks	Extended Care: 8 \$25.00*		Day Program: 9:30-3:30 PM \$350	Extended Care:3:30-6:00 PM \$50.00*	Total Cost Per Week	:
Week 1 June 10-14 Theme: Wild Animals						
Week 2 June 17-21 Theme: Farms						
Week 3 June 24-28 Theme: Camping						
Week 4 July 1-3 Theme: New York			\$200.00 No Field Trip			
Week 5 July 8-12 Theme: Nihao						
Week 6 July 15-19 Theme: Hola						
Week 7 July 22-26 Theme: Konnichiwa						
Week 8 July 29-Aug2						
Theme: Hawaii						
Week 9 August 5-9 Theme: Space						
SECTION D: DISCLOSURE AN	ID SIGNATURE					
following terms and conditions.  Reservation Deadline: You Non-Refundable Deposit: withdrawal from the class.  Final Payment: The remains in the forfeiture of your result.  Transferability: Deposits as a case of Terms: By see	ons carefully before ur deposit must be The \$100 deposit s. ning balance for the eservation and de are non-transferab submitting your de	e proceed submitte is non-ref ne summe posit. le to othe	undable deposit of \$100 is req ing with your deposit: ed at least two weeks before th fundable under any circumstan er week is due on the first day er individuals or future classes.	ne start date of the class. nces. This includes but is not of the class. Failure to pay th	limited to cancellations	
Parent Signature:				Date:		