



SUMMER SCHOOL APPLICATION

Date _____ Child's Name _____

Age _____ Birthdate _____ Sex (circle) M F

Street _____

City/Zip _____ Home Phone _____

Parent A: _____

Work _____ Cell _____ Email _____

Occupation _____

Parent B: _____

Work _____ Cell _____ Email _____

Occupation _____

The above information may be printed in a school roster for the use of school staff and parents: YES NO

Parent(s) responsible for child: (circle) Both Parent A Parent B

Please enroll my child in the following:

____ M W F 8:30 AM – 1:00 PM

____ M – F 8:30 AM – 1:00 PM

____ M – F 1:30 PM – 4:30 PM (Montessori / Art Exploration)

____ PART-TIME OR FULL-TIME CHILDCARE (8:00 – 8:30 AM, 1:00 – 1:30 PM, 4:30 – 6:00 PM)

Please specify childcare days and hours: _____

____ PARTIAL SESSION FULL-TIME CHILDCARE ____ 6/18 to 7/10/09 ____ 7/13 to 7/31/09

Please indicate arrival and departure times for any of the programs above. Most children begin school at the starting date. If you have other needs, please specify them: _____

A \$30 nonrefundable registration fee should accompany this application.

I UNDERSTAND AND AGREE TO THE CONDITIONS OF PAYMENT EXPLAINED ON THIS WEBSITE

(Parent Signature)