

2018 APPLICATION FOR SUMMER SCHOOL

CHILDS NAME				M	F
	First Name	Last Name		Sex	
Birth Date		Home Phone			
Address					
City - Zip					
Parent # 1 Name					
	Active/ Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cell Number	Email Address				
Parent #2 Name					
	Active/ Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cell Number	Email Address				
Both Sessions (6/25 – 8/15)		A child must attend a minimum of 6 days in a session		If less than a full session, please CIRCLE below the days you child will attend	
Session 1 (6/25-7/20)					
Session 2 (7/23-8/15)					
Only days indicated on calendar					
I AM ENROLLING MY CHILD FOR:					
<input type="checkbox"/> PRIMARY (30 month – 6 years)		M T W T F			
Full Day – 9:00 am – 3:00 pm					
Half Day Class – 9:00 am – 1:00 pm		Indicate Full (F), Half (H) above			
PRIMARY CHILD CARE SCHEDULE		<input type="checkbox"/> Morning: 7:00-9:00 am			
		<input type="checkbox"/> Afternoon: 3:00-6:00 pm			
<input type="checkbox"/> TODDLER (ages 12-30 months)		M T W T F			
Class – 9:00 am – 1:00 pm		Indicate days above			
TODDLER CHILD CARE SCHEDULE		<input type="checkbox"/> Morning: 7:00-8:45 am			
		<input type="checkbox"/> Early Afternoon: 12:45-3:00 pm			
		<input type="checkbox"/> Late afternoon: 12:45-6:00 pm			
INFANT (ages 2-15 months)		M T W T F			
<input type="checkbox"/> 6 hours or <input type="checkbox"/> 10 hours		Indicate days above			
from _____ to _____					

SESSION 1 JUNE – JULY					
Mon	Tue	Wed	Thu	Fri	
25	26	27	28	29	
2	3	4	5	6	
9	10	11	12	13	
16	17	18	19	20	
SESSION 2 JULY - AUGUST					
Mon	Tue	Wed	Thu	Fri	
23	24	25	26	27	
30	31	1	2	3	
6	7	8	9	10	
13	14	15	16	17	
FOR OFFICE USE ONLY					
Class					

I have read and understand the fees and fee schedules as listed in the Summer Enrollment Information

Parent or Guardian signature

Date

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