

Summer Registration

Students Name (Please Print) _____ Birth Date _____ Age _____

Type of Class _____ Day _____ Time _____ Amount Owed \$ _____
 (Girl/Boy, Rec./PreSchool)

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Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Father _____ Work Phone _____ Cell _____

Mother _____ Work Phone _____ Cell _____

Medical Insurance Co. _____ Policy # _____

Select and count your day/s and time/s, then circle the total number of visits.

Child's First Name _____	Tuition Amt _____
1 _____	_____
2 _____	(-10%)* _____
3 _____	(-20%)* _____
4 _____	(-20%)* _____

*(Sibling Discount) Tuition Total _____

(One) _____
 _____ Full Payment, (Due on Enrollment)

_____ Two Payment Plan
 First Payment (1/2 on Enrollment)
 Second Payment (Due July 10)

Weeks Dates	Class Day & Time	Number of Visits	Pre-School Ages 3-5	Rec. 6 & Up
1 - June 8-12		1	\$15	\$18
		2	\$30	\$35
2 - June 15-19		3	\$45	\$50
		4	\$60	\$65
3 - June 20-26		5	\$70	\$80
		6	\$80	\$95
4 - June 29-3		7	\$90	\$110
		8	\$100	\$120
5 - July 6-10		9	\$110	\$130
		10	\$120	\$139
6 - July 13-17		11	\$128	\$148
		12	\$136	\$156
7 - July 20-24		13	\$144	\$164
		14	\$152	\$172
8 - July 27-31		15	\$160	\$180
		16	\$168	\$188
9 - Aug 3-7		17	\$174	\$195
		18	\$180	\$202
10 - Aug 10-14		19	\$186	\$209
		20	\$192	\$216