

## SUMMER ENRICHMENT PROGRAM REGISTRATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: HOME ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_  
 PARENT/GUARDIAN FULL NAME \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 EMERGENCY CONTACT \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Please check which week(s) your child will attend:

	<u>AM (6 – 9 YRS)</u>	<u>PM (10 – 13 YRS)</u>
<b>Week 1</b> (7/6 – 7/9)	_____	_____
<b>Week 2</b> (7/12 – 7/16)	_____	_____
<b>Week 3</b> (7/19 – 7/23)	_____	_____
<b>Week 4</b> (7/26 – 7/30)	_____	_____
<b>Week 5</b> (8/2 – 8/6)	_____	_____
<b>Week 6</b> (8/9 – 8/13)	_____	_____

PRE- REGISTRATION A MUST!

No Class will start without sufficient enrollment

**Price : \$100/ week of 7/6 – 7/9** \_\_\_\_\_  
**\$125/- per week for one to five weeks.** \_\_\_\_\_  
**\$525/- for the entire 6 week session.** \_\_\_\_\_  
**10% discount for siblings** \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_

## SUMMER ENRICHMENT PROGRAM REGISTRATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: HOME ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_  
 PARENT/GUARDIAN FULL NAME \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 EMERGENCY CONTACT \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Please check which week(s) your child will attend:

	<u>AM (6 – 9 YRS)</u>	<u>PM (10 – 13 YRS)</u>
<b>Week 1</b> (7/6 – 7/9)	_____	_____
<b>Week 2</b> (7/12 – 7/16)	_____	_____
<b>Week 3</b> (7/19 – 7/23)	_____	_____
<b>Week 4</b> (7/26 – 7/30)	_____	_____
<b>Week 5</b> (8/2 – 8/6)	_____	_____
<b>Week 6</b> (8/9 – 8/13)	_____	_____

PRE- REGISTRATION A MUST!

No Class will start without sufficient enrollment

**Price : \$100/ week of 7/6 – 7/9.** \_\_\_\_\_  
**\$125/- per week for one to five weeks.** \_\_\_\_\_  
**\$525/- for the entire 6 week session.** \_\_\_\_\_  
**10% discount for siblings** \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_