

FOR OFFICE USE ONLY

Number: _____

SUMMER 2022 Enrollment Request Form

**Summer Fees (will be invoiced after
Enrollment Confirmation):**

*****\$30 per child per day(s) enrolled
***\$15 Consumable Fee per child enrolled**

***** All Fees are non-refundable*****

Child's Name	Birthday (MM/DD/YY) & Current Room	Day(s) Requested (Circle)
Currently Enrolled in Program Yes No		Tuesday Wednesday Thursday
Currently Enrolled in Program Yes No		Tuesday Wednesday Thursday
Currently Enrolled in Program Yes No		Tuesday Wednesday Thursday

*****Days requested are not guaranteed*****

Parent/Guardian: _____

Cell: _____ Work: _____

Parent/Guardian: _____

Cell: _____ Work: _____

Address: _____

_____ City Zip Code

Email Address: _____

*******ALL FEES are NON-REFUNDABLE*******

Parent/Guardian Initial: _____

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Enrollment Fees: _____

Consumable Fees: _____

Total Due: _____

Amount Paid: _____ Check #: _____

Balance Due: _____

Bal. Paid Date: _____ Check #: _____

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Date Received: _____

Child: _____ Room: _____ Days: _____

Child: _____ Room: _____ Days: _____

Child: _____ Room: _____ Days: _____