

SUMMER SCHOOL REQUEST

Kindergarten-Grade School Program

Please send in ½ of total tuition due for the summer with your application

Child's Name: _____

Parents Name: _____

Contact information: (email): _____

Contact information (phone): _____

Please access our website for necessary paperwork
(emergency card and authorization for pick up)

PLEASE LET US KNOW YOUR REQUESTED SUMMER SCHEDULE

We will do our best to fill your request and will communicate within a week to let you know if we are able to honor your request.

2 DAYS (T/TH) 3 DAYS (M/W/F) 5 DAYS (M/W/F)

Please indicate for each week your preferred schedule:

July 11: _____

July 18: _____

July 25: _____

August 1: _____

August 8: _____

August 15: _____

August 22: _____

August 29: _____

I understand that all deposits for summer programming are non-refundable. If we are unable to honor your requested schedules your deposit will be returned uncashed.

Parent signature: _____

Staff indicate date form received: _____