

Summer Camp Enrollment Application

Childs Name: _____ D.O.B. _____

Address: _____

E-Mail: _____ Home # _____

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

We wish to enroll in the following summer sessions

Please X all that apply

____ Session I

____ Session II

____ 1/2 day ____ full day

____ 1/2 day ____ full day

June 8th-July 1st

July 13th-Aug. 5th

*Classes are held Tuesday's, Wednesday's, and Thursdays

I understand that students are enrolled to the summer program for the session and /or sessions indicated above, and that agreement to pay for the session and/or sessions chosen are not subject to adjustments or refunds for illness, absence, or withdrawal. I understand that a late pick up fee of \$5 for every five minutes past the pickup time.

*sessions are subject to cancelation if a minimum enrollment of 6 students is not met (all fees would be refunded if session is cancelled)

Parent's Signature

Date

Fees

Deposit: \$100 (Non-refundable) **Due with enrollment application**
to be credited toward your tuition payment.

Tuition: 1/2 day (9:00AM-12:00PM) \$440.00 per session

Full day (9:00AM-2:00PM) \$730.00 per session

Payment Options

Cash or check (payable to Mari-Ann Kendrick)

Payment Due Dates

Camp deposit (\$100) due with application

Session I (balance) due June 1st

Session II (balance) due July 1st