



Summer 2021 Enrollment Agreement

Student Name: _____ **Birthdate:** _____ **Age:** _____

Term:

- Summer (June 21, 2021- August 27, 2021)

*If there is a specific week you will **NOT** be attending, please indicate below for the staff to take note. We will not charge for one weeks worth of family vacation. After that, we will have to charge the normal amount to hold your spot.*

Program Selection(s):

Full Day Program

- | | |
|---|----------|
| <input type="checkbox"/> Five Days (Monday-Friday) 7:30am-5:30pm | \$190/wk |
| <input type="checkbox"/> Four Day (To Be Determined T/B/D) 7:00am-5:30pm | \$170/wk |
| <input type="checkbox"/> Three Days (Monday/Wednesday/Friday) 7:30am-5:30pm | \$145/wk |
| <input type="checkbox"/> Two Days (Tuesday/Thursday) 7:30am-5:30pm | \$97/wk |

Morning Program

- Three Days (8:30am- 11:30am) \$100/wk

First Time Enrollment Deposit Fee:

To reserve the enrollment I have indicated above, I have enclosed a non-refundable deposit of \$50. If you are currently enrolled you do not have to pay this fee.

Returned Check Fee:

I understand that a returned check fee of \$45 will be added to the next billing cycle.

School Administrator

Date

Parent and/or guardian

Date