



Summer 2023

Enrollment Agreement

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

Term:

- Summer (June 26, 2023- August 23, 2023)

*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) 7:00am-5:00pm | \$225/wk |
| <input type="checkbox"/> Three Days (TBD) 7:00am-5:00pm | \$170/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.

We require a two week notice for early withdrawal. If your child does not attend during those two weeks, Stonebridge will still require payment.

School Administrator

Date

Parent and/or guardian Signature

Name Printed

Date