

REGISTRATION FORM

Please complete and return this form to the school office.

Child's Name _____ Birth Date _____

Summer Session:

Ext. Day Care _____

Full Time _____

Half Day _____ Pre-Kind. Only

Please indicate: July only _____ August only _____ Both _____

A Registration Fee of \$50.00 is required to reserve a place for the Summer Session

Fall Session:

Ext. Day Care _____

Full Time _____

Half Day _____ Pre-Kind. Only

For part Time students, please indicate days of the week:

Mon. Wed. and Fri. _____ or Tues. and Thurs. _____

A Registration Fee of \$100.00 is required to reserve a place for the new Scholastic Year 2012-2013.

Please be advised that the Registration Fee is Non-Refundable and Non-Deductible.

Parent's Signature _____ Date _____

Phone Number _____