

Mother's Signature _____



Student Name			Date of B	irth
Address				
City		State		Zip
	Pi	arent Contact Inf	ormation	
Father's Name	Email		Phone Number	
Mother's Name	Email		Phone Number	
		rgency Contact		
Emergency Contact Name				
Relationship	Phone Number			
Summer Session - Please c	heck all s	esions you plan o	on attending. Car	mp hours 9:00am - 3:00pm
S tay & Play Savings: Enroll for Enroll for		and receive \$25 c and receive \$60 c		6 weeks and receive \$40 off.
Session A June 2 nd - June 13 ^{th.}	\$600:	Toddler	Primary	Elementary
Session B June 16 th - June 27th.	\$600:	Toddler	Primary	Elementary
Session C July 7th - July 11th.	\$300:	Toddler	Primary	Elementary
Session D July 14 th - July 25th.	\$600:	Toddler	Primary	Elementary
		Health Infomati	on	
Does your child have any ex	xisting me	edical conditions	or injuries?	
Does your child have any all	ergies or	dietary restrictio	ns?	
		Consent		
	nust prov	ide the school wi	th a Health Certi	unds or credit for absences or ificate form prior to the first day school.
		Parent Signatur	es	
Father's Signature				