

2019 SUMMER CAMP APPLICATION/ADMISSION AGREEMENT

GARDENING / TROPICAL RAINFOREST / SCIENCE

Child's Name:			Male	Female	
Last	First	Middle			
Address:					
Street	City	<i>'</i>	State	Zip	
Home Phone Number:	Current Ag	Current Age:		Date of Birth	
Father's Name:	Phone Number((s):			
Mother's Name:		TT	337 1	Cell	
Person to contact in case of eme			WOIK	Cell	
Name:	-	-	Phone #:		
Authorized Family Members an	-				
Name:	• •				
Name:	•				
Classes are Tuesday, Wedn Ages: 2.5 years thru entry i			am.		
Cost: \$410 + Registration F * New student regist Registration: To register for non-refundable deposit of \$ cost. Minimum enrollment of	ration provides registrati or the Summer Camp, sul 25.00 in order to reserve	on for Sum omit this ap	mer and Fall te plication along	erms. with a	
Tuition is due in full at the begin advance. Please make checks po		_		le with the Office in	
By signing below, I confirm my Summer Camp and signify a wi		0		shool for the 2019	
Parent/guardian signatures			D	ate	
For Office Use Only: Preschool Forms Completed: Application/Admission Agreement	Tuition Payment Rec'd	Re	egistration Payment Rec	²d	

