

Are there any special requests regarding who the child may be dismissed to ? _____

Parents will be called first in the event of illness or emergency. Please list **three other** contacts in case you cannot be reached.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Days of the Week	9:00-12:00	9:00 – 3:00	7:30 - 6:00
	<u>A. M.</u>	<u>Full Day</u>	<u>FULL</u>
3 Days (Mon., Wed., Fri.)			
4 Days			
5 Days			

Weeks Attending Summer Enrichment:

Seven Weeks	Eight Weeks	Nine Weeks
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I hereby grant permission for my child to participate in all activities. I fully understand all registration policies. Please enclose a \$100.00 registration fee and seven weeks summer enrichment tuition with this application. Summer Enrichment tuition must be paid in full by the first of June. Tuition is neither refundable nor applicable towards another program.

Signature _____ Date _____

All schedule changes must be requested on our enrollment change form and returned to the Director at least 30 days prior to your requested enrollment change. The enrollment change form must be accompanied with a \$20.00 fee. Changes will occur at the beginning of the following month. We will do our best to accommodate you.