

2010 Summer Schedule Request Form

Child's Name: _____ Age: _____ Home Phone: _____

Parent(s)/Guardian(s) Names: _____

Email: _____

<p style="text-align: center;">Mark the days and times you would like your child to attend.</p> <p style="text-align: center;">Summer Program hours: 8:30 am to 12:30 pm</p> <p style="text-align: center;">Extended Day hours: 12:30 pm to 2:30 pm</p> <p style="text-align: center;">Each week your child's schedule must include a Monday or a Friday. A minimum of 3 days per week is encouraged to maintain continuity for the children.</p>		M	T	W	T	F
	June	21	22	23	24	25
	8:30 to 12:30	x				
	12:30 to 2:30	x				
		28	29	30	1	2
	8:30 to 12:30					
	12:30 to 2:30					
	July	5	6	7	8	9
	8:30 to 12:30	x				
	12:30 to 2:30	x				
		12	13	14	15	16
	8:30 to 12:30					
	12:30 to 2:30					
		19	20	21	22	23
	8:30 to 12:30					
	12:30 to 2:30					
		26	27	28	29	30
	8:30 to 12:30					
	12:30 to 2:30					
	August	2	3	4	5	6
	8:30 to 12:30					
	12:30 to 2:30					
		9	10	11	12	13
	8:30 to 12:30					
	12:30 to 2:30					
	16	17	18	19	20	
8:30 to 12:30						
12:30 to 2:30						
	23	24	25	26	27	
8:30 to 12:30						
12:30 to 2:30						

**Additional days/hours may be added later if space is available. A bill for additional care will be sent in September.*

** Please remember if you enroll 2 children (siblings only) there is a discount. The discounted cost for summer program day is \$41.00/per child and extended day is \$23.00.*

Total number of Summer Program days	_____	X \$45	= \$ _____	*
Total number of Extended Program days	_____	X \$25	= \$ _____	*
Total Tuition Due			\$ _____	

Please enclose a **\$250 deposit** with this enrollment form to reserve space for your child in Clinton Path's Summer Program. Tuition may be paid in full. Your tuition balance (minus \$250 deposit) is due by May 15th. Please make check(s) payable to "Clinton Path Preschool". Thank You.