

Office Use

Room Assignment _____

Start Date _____

Summer Enrollment Form 2012

(June Date TBA-August 24, 2012)



Will attend the summer session, see schedule below.

_____ will not be attending the summer session (initial below), but will return Fall '12*

Child's Name

* _____ (initial) I agree to pay a \$250.00 non-refundable summer reservation fee per child due by February 24, 2012

Child's Name _____ Date of Birth _____
Last First

Address _____
Street City State Zip

Telephone Number _____ Age and Grade _____
As of June '12

Email Address _____

Include us on the Educare updates email list Send the tuition statement via email (paperless option)

Allergies (i.e. Food/Medications/Seasonal) _____

Schedule for Summer 2012 (Place a checkmark to indicate schedules.)

	<u>Full-day</u> 6 a.m.-6:30 p.m.	<u>Core Day</u> 9 a.m.-3 p.m.	<u>1/2 day a.m.*</u> 6 a.m.-12 p.m.	<u>1/2 day p.m.*</u> 12:30.-6:30 p.m.	
Monday	_____	_____	_____	_____	*1/2 day schedule not available for children under 18 months. Note: Part-time enrollment is available on a limited basis. Minimum enrollment of 2 days/week is required.
Tuesday	_____	_____	_____	_____	
Wednesday	_____	_____	_____	_____	
Thursday	_____	_____	_____	_____	
Friday	_____	_____	_____	_____	

Initial choice below:

_____ I agree to pay quarterly based on the current enrollment rates less a 6% discount

_____ I agree to pay monthly early bird based on the current enrollment rates less a 4% discount

_____ I agree to pay monthly based on the current enrollment rates less a 2% discount

_____ I agree to pay bi-weekly (every other Monday) based on the current enrollment rates

Parent's Signature _____ Date _____

Office use

New and Summer Only Students:

\$ _____ Reg. Pd _____ \$ _____ Deposit Pd _____ Pre-payment Pd \$ _____

All Students:

\$50.00 Act. Fee Pd (School Age) _____ \$25.00 Act. Fee Pd (18 months-preschool) _____