

Park View Child Development Center

2019 SUMMER ENRICHMENT PROGRAM

REGISTRATION FORM

STUDENT INFORMATION

New Student Returning Student Male Female DOB: ____/____/____

Name: _____ Shirt Size: **S M L XL**
(Last) (First) (M.I.)

Mailing Address: _____
(Street/PO Box) (City) (State) (Zip Code)

PARENT/GUARDIAN

Parent 1 Name: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Parent 2 Name: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

ADDITIONAL EMERGENCY CONTACT

Name: _____ Home Phone: _____

Cell Phone: _____ Work #: _____

FEES

Registration Fee (Non refundable):

Early Bird registration by Monday, June 7th: **\$35.00 per child**

Registrations after June 8th: **\$50.00 per child.**

Activity Fee (Non refundable): \$150.00 per child

Please ONLY check the weeks that your child will be attending the summer program.

	Session Dates	Weekly Fee	Check Box
Session 1	Monday, June 17 th to Friday, June 21 st	\$140.00	<input type="checkbox"/>
Session 2	Monday, June 24 th to Friday, June 28 th	\$140.00	<input type="checkbox"/>
Session 3	Monday, July 1 st to Friday, July 5 th	\$140.00	<input type="checkbox"/>
Session 4	Monday, July 8 th to Friday, July 12 th	\$140.00	<input type="checkbox"/>
Session 5	Monday, July 15 th to Friday, July 19 th	\$140.00	<input type="checkbox"/>
Session 6	Monday, July 22 nd to Friday, July 26 th	\$140.00	<input type="checkbox"/>
Session 7	Monday, July 29 th to Friday, August 2 nd	\$140.00	<input type="checkbox"/>
Session 8	Monday, August 5 th to Friday, August 9 th	\$140.00	<input type="checkbox"/>
Session 9	Monday, August 12 th to Friday, August 16 st	\$140.00	<input type="checkbox"/>
Session 10	Monday, August 19 th to Friday, August 23 rd	\$140.00	<input type="checkbox"/>

Note: When you enroll siblings there will be a \$25.00 discount on your weekly fee.

ATTENTION PARENTS

The registration form is not complete without signing the following:

- I certify that I have read over the weekly summer program fees.
- I understand that the tuition fee is paid every Monday.
- I give permission for my child to participate in activities and field trips.
- I understand that the activity fee paid will cover all field trips and transportation cost.
- I understand that is my obligation to send a bagged lunch on field trips day.
- I understand that the program will provide transportation for the children on field trip days.
- I understand that the Director reserves the right to dismiss any child who does not respect the rules of the program and/or whose behavior will be detrimental to the well being of other children.
- I understand there are **no refunds** for sickness, vacation or holidays.
- I will abide to the Park View Child Development Center’s handbook policies.

Parent/ Guardian Signature: _____ Date: _____