



**Application for  
Summer 2025  
June 9-July 30  
Tuesday-Thursday, 9am-2pm  
School closed June 19**

**Activity Fee**                      \$45   due no later than May 22.  
**Registration Fee**                \$50   due at registration for new enrollment only

Enclosed is my check # \_\_\_\_\_ for \$ \_\_\_\_\_ (Reg. Fee + July's Tuition).

Please print your child's name in the space beside class selection.

**Classes based on child's grade for 2024/2025 school year**

**Kindergarten/1st grade:**

1. \_\_\_\_\_ Monday - Thursday = \$360/Monthly

**2nd grade/ 3rd grade:**

1. \_\_\_\_\_ Monday - Thursday = \$360/Monthly

**4th grade/5th grade:**

1. \_\_\_\_\_ Monday - Thursday = \$360/Monthly

I understand that acceptance of this application depends upon the school's assessment of its ability to meet my child's needs, classroom size, teacher/child ratio. **I understand that all fees are non-refundable, and children are placed on a first come basis.**

**Parent Signature:**

**Date:**



Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents' Names: (Parent A) \_\_\_\_\_  
(Parent B) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent A Home Phone #: \_\_\_\_\_ Parent B Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

In case of emergency, please call: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies or special needs: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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**For Office Use Only:**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_