



2021 SUMMER SCHOOL AND FEES

Select the times for each week you would like to enroll.

KEEP THIS PAGE FOR YOUR RECORDS

	Week of	Select one per week
week 1	July 6 - July 9	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00
week 2	July 12 – 16	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00
week 3	July 19 – 23	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00
week 4	July 26 – 30	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00
week 5	Aug 2 – 6	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00
week 6	Aug 9 - 13	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00

Drop off - Pick up Schedule

	5 Half days	5 Full days	Extended days (D/C)
Carpool Dropoff	8:00- 8:15	8:00- 8:15	8:00- 8:15
Carpool Pick up	12:15-12:30	3:00- 3:15	4:45- 5:00



Fees per Week

Summer School Fees are based on this years Tuition Fees

5 half Days (Weekly)	5 full days (Weekly)	Extended days (D/C) (Weekly)
\$255	\$295	\$330

PLEASE RETAIN THIS SHEET FOR YOUR REFERENCE

DO NOT SEND THIS PAGE BACK

2021 SUMMER ENROLLMENT FORM

**PLEASE READ AND SELECT CAREFULLY
ALL FEES ARE NON REFUNDABLE
AND NO SCHEDULE CHANGES WILL BE MADE**



I request enrollment for _____
(child's first name) (last name)

Select the times for each week you would like to enroll. Enter the fee for that week and tally up at the bottom to determine total amount due.

	Week of	Select one per week	Fill in weekly total cost and add up at end
week 1	July 6 - July 9	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00	\$ _____
week 2	July 12 – 16	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00	\$ _____
week 3	July 19 – 23	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00	\$ _____
week 4	July 26 – 30	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00	\$ _____
week 5	Aug 2 – 6	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00	\$ _____
week 6	Aug 9 - 13	<input type="checkbox"/> 8:00 -12:30 <input type="checkbox"/> 8:00 - 3:15 <input type="checkbox"/> 8:00 - 5:00	\$ _____
Total of all weeks selected			\$ _____



I have enclosed a non-refundable fee of \$ _____ for _____ weeks.

Parent's initials: _____

I understand that I will not be able to make any changes to the schedule that I have chosen, and no refunds will be issued. **Parent's initials:** _____

I understand that a session is subject to cancellation if minimum enrollment requirements are not met, and that there will be a full refund of fees.

Parent's initials: _____

Parent's Name: _____ Signature: _____

Phone: _____

Please send this form along with the fees to school by May 14th