

Carebear Preschool

Summer Program 2010-11

Enrollment Agreement

Student _____ Age _____ M or F
 Address _____ Phone _____
 Parent/Guardian _____ Phone _____
 Emergency contact _____ Phone _____
 Allergies _____
 Signature of parent/guardian _____

Weeks (please check)	Schedule/days (please check)
June 1-4 _____	M-F ___ MWF ___ T/TH ___
June 7-11 _____	M-F ___ MWF ___ T/TH ___
June 14-18 _____	M-F ___ MWF ___ T/TH ___
June 21-25 _____	M-F ___ MWF ___ T/TH ___
June 28-July 2 _____	M-F ___ MWF ___ T/TH ___
July 6-July 9 _____	M-F ___ MWF ___ T/TH ___
July 12-16 _____	M-F ___ MWF ___ T/TH ___

I understand that I am responsible for payment for all weeks my child is registered for unless a 7-day notice is given. No exceptions will be made. Monthly fee's apply to any 4 or more weeks and need not be consecutive. All fee's are due on your child's first day of classes either on a weekly or monthly basis. Before and after school fees will be billed by the 5th of the following month and are due upon receipt.

