



Academic Gardens

Pre-School - Kindergarten



Summer Registration Form

For all students:

Non-refundable Registration fee:
\$50.00(per child)

+ _____

Total amount received: _____

Check number: _____

Date: _____

Today's date: _____ Program start date: 6/28/2021

Official start date for student: _____

Child's Name: _____ Birth date: _____

2nd Child's Name: _____ Birth date: _____

Mom's Name: _____

Dad's Name: _____

Address: _____

Address: _____

City: _____

City: _____

Zip Code: _____

Zip Code: _____

Telephone(Home): _____

Telephone(Home): _____

Telephone(cell): _____

Telephone(cell): _____

Telephone(work): _____

Telephone(work): _____

email: _____

email: _____

Summer Programs & Hours:

Monday-Friday

(Circle your time slot of choices)

Morning Camp – 8:30-12:00 (\$30/day)

Morn. Camp w/ Lunch – 8:30-1:30 (\$35/day)

Full Day – 8:30 -4:00 (\$53/day)

Early Drop-off/ Late pick-up (\$5/day)

(Before 8 am) / (After 5 pm)

What will be your child's arrival time? _____ Departure time? _____

Summer Session 2021

Summer camp runs **Monday through Friday**, from **8:30-4:00**. Early drop-off or late pick up are available. There is a \$50, non-refundable registration fee. This fee covers the summer camp T-Shirt, programs, field trips and supplies for camp day activities.

Please write your child's name on this form and at the bottom of each calendar sheet. Be sure to have circled the Program you are interested in (located on front page). Next mark the days you would like your child to attend from the listed program dates on the calendar portion.

*If you are interested in different hours for different days please specify on each particular day, what the scheduled program will be, on that day. Remember to select a minimum of 10 days.

Name (1st child):

Age: _____ T-Shirt Size : _____

Name (2nd child):

Age: _____ T-Shirt Size : _____

Name (2nd child):

Age: _____ T-Shirt Size : _____

Camp Tuition: (\$ _____ x _____ days) = _____

(\$ _____ x _____ days) = _____

Registration Fee: _____ + _____
(\$50/child)

Total Tuition Due \$ _____

(For office use only)

June 15th - \$ _____

Total Owed-\$ _____

Remaining Balance \$ _____

Total Owed-\$ _____

(For office use only)

July 15th - \$ _____

Total Owed-\$ _____

Remaining Balance \$ _____

If you have any questions, please feel free to contact Ms. Tiffany: academicgardens@gmail.com or (734)453-7744 . Thank you