



Quality and Excellence
in
Early Childhood Education

THE BOULEVARD SCHOOL

NURSERY • KINDERGARTEN • SUMMER CAMP

SUMMER CAMP ENROLLMENT FORM AND AGREEMENT

(This is a contract for Boulevard School — read before signing)

- Billing
- Class
- Computer
- File made
- Sign in



Deposit: _____

Office Use Only

I/we hereby enroll my/our child _____ at The Boulevard School in the program stated below.

I/we understand that upon return of this completed application form, together with the *non-refundable deposit*, a place will be held for my/our child. This fee covers processing and handling of the application. The summer camp deposit will be applied to the summer session stated below. Failure to complete registration, to begin the summer program on the date stated below, or complete the entire summer program stated below will result in the forfeiture of this deposit and any other monies received.

The following deposit is required to hold a place for my/our child.

a. Summer Session 1 _____ \$100 b. Summer Session 2 _____ \$100

Deposit, camp fee, tuition and all other fees are non-refundable and non-transferable and can only be applied and used for the stated purposes. All fees are due in full before your child begins the summer program.

I/we have read the above statements and agree to the policies set forth by Boulevard School; my/our signature hereinbelow acknowledges receipt of the program for the coming summer session, including the tuition schedule and charge itemization and I/we have retained a duplicate copy of this enrollment form and agreement.

Parent or guardian's signature _____ Date _____

Please print clearly:

CHILD'S NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER'S NAME _____ OCCUPATION _____ BUSINESS PHONE _____

CELL PHONE _____

FATHER'S NAME _____ OCCUPATION _____ BUSINESS PHONE _____

CELL PHONE _____

CHILD'S BIRTHDATE _____ AGE AS OF JULY 1 _____ YEARS _____ MONTHS BOY GIRL

IS CHILD POTTY TRAINED? YES NO (Please circle)

MARK YOUR PROGRAM: SUMMER SESSION 1 _____ SUMMER SESSION 2 _____

CHILD TO BEGIN ON _____ FOR _____ WEEKS

VACATION SCHEDULE: (dates) _____

	<i>daycare</i>	
	7:30-9:00	3:00-5:30
	<i>a.m</i>	<i>p.m</i>

2 and 3 year old half day program (8:45-11:45) _____

2 and 3 year old full day program (8:45-2:45) _____

4-7 year old full day program (9:00-3:00) _____

DAYS OF PROGRAM: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

* Tuesday / Wednesday / Thursday programs are not offered