

REGISTRATION FOR ENROLLMENT
Summer Session Registration 2010



Student Information

First Name _____ Last Name _____
Age _____ Birthdate (mm/dd/yy) _____ Boy Girl
Student Address _____ City _____
State _____ Zip _____ How did you hear about our school? _____

Parent Information

Parent Name	Parent Name
First	First
Last	Last
Address	Address
City State Zip	City State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email

Morning Class

3 hours per day (8:30-11:30) 3 days - Tues., Wed., Thurs.

Summer Class is July 6th 2010 to August 5th 2010
Tuition for summer session is \$300. Due on or before July 1st, 2010.
Withdrawals must be 30 days in advance of the summer start date or tuition payment is required.

Special requests: _____

- Student must be 3-years old by July 1st, 2010.
- Student must have efficient self-toileting skills.
- Please attach a \$50.00 non-refundable registration fee to hold your students place and return this form to the main office at **700 Main Street Room 121 Edmonds, WA 98020.**

I agree to the Terms and Conditions of this Registration Form

Parent Signature _____

Date _____

