



Summer Program

Registration:

Parent Names: _____ Date: _____

Student Name: _____ Student Name: _____

Student Name: _____

Address: _____

Phone: _____ Email: _____

Medical and Other Notes:

Emergency contact: _____ Phone: _____

Parent Signature: _____

Child's Planned Schedule:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

All Saints Academy
Summer Program
2018

When: June 25th – August 17th (7:30 – 5:30)

Where: All Saints Academy

Who: students ages 3-12

Cost:

Weekly

- 1 child: \$160 full day
- 2 children: \$240 full day
- 3 children: \$310 full day

Daily (Full Day 7:30-5:30; Part Day 7:30-12:30)

- 1 child: \$35 full day/ \$20 part day
- 2 children: \$55 full day/ \$32 part day
- 3 children: \$70 full day/ \$45 part day