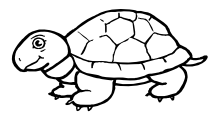


School Official Signature \_\_\_\_\_ Immunization \_\_\_\_\_

## Perkins TURTLES Summer Program 2012



Child's Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Primary Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent One Name \_\_\_\_\_  
 \_\_\_\_\_ Day time phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Two Name \_\_\_\_\_  
 \_\_\_\_\_ Day time phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Turtles Program Tuition Rates: 2 or 3 and Weekly**

|                          |            |          |  |
|--------------------------|------------|----------|--|
| <b>Option A</b> 7AM-6PM  | \$1,445.00 | \$385.00 | Tuition is due the <u>1st</u> of the month.                                      |
| <b>Option B</b> 9AM-3:30 | \$1,285.00 | \$350.00 | If it is received after the 5th after the 5th a \$20.00 charge will be assessed. |

| SESSION ONE |         | JUNE      |          |        | ALL    |
|-------------|---------|-----------|----------|--------|--------|
| Monday      | Tuesday | Wednesday | Thursday | Friday | OPTION |
| 25          | 26      | 27        | 28       | 29     |        |

Please circle **ALL** if you are enrolling your child for an entire session and then mark the **PROGRAM OPTION** next to the weeks.

| SESSION TWO |         | JULY & AUGUST |          |        | ALL    |
|-------------|---------|---------------|----------|--------|--------|
| Monday      | Tuesday | Wednesday     | Thursday | Friday | OPTION |
| 2           | 3       | CLOSED        | 5        | 6      |        |
| 9           | 10      | 11            | 12       | 13     |        |
| 16          | 17      | 18            | 19       | 20     |        |
| 23          | 24      | 25            | 26       | 27     |        |
| 30          | 31      | 1             | 2        | 3      |        |

If you would like weekly sessions please mark the **PROGRAM OPTION** next to the weeks you would like to enroll your child.

| SESSION THREE |         | AUGUST    |          |        | ALL    |
|---------------|---------|-----------|----------|--------|--------|
| Monday        | Tuesday | Wednesday | Thursday | Friday | OPTION |
| 6             | 7       | 8         | 9        | 10     |        |
| 13            | 14      | 15        | 16       | 17     |        |
| 20            | 21      | 22        | 23       | 24     |        |
| 27            | 28      | 29        | 30       | CLOSED |        |

Please understand that if you need to make a change with the schedule, you will need to do so in writing 10 business days before the change, otherwise you will be charged **\$25.00** for **each** change made.

**Registration Fee: \$35.00** Registration Fee is *per family* if you have more than one child enrolling.

**REGISTRATION IS NOT GUARANTEED WITHOUT SCHOOL OFFICIAL'S SIGNATURE BELOW.**

There will be a charge of \$50.00 for LATE PICK UPS.  
 Returned check fee is \$50.00  
 I agree to the terms of my child's enrollment as stated on this form.  
 Parent Signature \_\_\_\_\_  
 School Official Signature \_\_\_\_\_

| Official use only: | Date | By |
|--------------------|------|----|
| Registration       |      |    |
| Confirmation       |      |    |
| Emergency Info     |      |    |
| Immunization       |      |    |