| Click on the box to type response and prefer | ence of weeks – this is | an inter | active document | | | |
|--|--------------------------------------|--|--|------------------------------------|--------------------------------|--|
| Child's Name: | | | Birth date: | | Sex: □ M □ F | |
| 2 nd Child's Name: | | | Birth date: | | Sex: □ M □ F | |
| Parents/Guardians Name: | | | Parents/Guardians Name: | | | |
| Address: | | | | | | |
| Email address: | | | | | | |
| Cell #: | Home #: | | | Other #: | | |
| 1. 2. | | | | | | |
| Allergies (Please choose one option): Yes Please list any special situation or medical co | □ No ondition (allergy, etc.): | | | | | |
| | IN CASE | OF FMF | RGENCY | | | |
| Name & contact information: | THE CASE | OI EIVIE | MOLITO | | | |
| | | Relationship to Child: | | Cell phone #: | Work phone #: | |
| 2. | | Relation | nship to Child: | Cell phone #: | Work phone #: | |
| | A++0 | ndance (| datos | | | |
| | | | ddlers/Two's | | | |
| | | | | *Mark by | clicking on box all that apply | |
| June 13, 15 □ June 20, 22 □ June 27, 29 □ July 11. 13 □ July 18, 20 □ July 25, 27 □ | C c a a d | Children can ttend ll 4 lays, if | June 14, 16 □ June 21 23 □ June 28, 30 □ July 12, 14 □ July 19, 21 □ July 26, 28 □ | 1 | | |
| | Three's | s and Fo | ur-Eight | *Mark by | clicking on box all that apply | |
| June 13-17 □ June 20-24 □ June 27-July 1 □ July 11-15 □ July 18-22 □ July 25-29 □ | | | omments/Questio | ons: | | |
| I understand that tuition and registration fe | ees are non-refundable | . Tuition | fees are due by | June 1 st for weeks 1-3 | and July 1st for weeks 4-6. | |
| Signature: | | | Date: | | | |