



**LEARNING SAFARI
SUMMER REGISTRATION
REGISTRATION FORM
2019**

OFFICE USE ONLY:

Enrollment Fee _____

Date Received _____

Student Name: _____
First Last

Date of Birth: _____ Age as of Sept 1st _____

Address: _____ City _____

Parent/Guardian Name: _____ Phone # _____

Parent/Guardian Name: _____ Phone # _____

Email: _____
(Email on file will be used for invoicing, newsletters, calendars and communication purposes)

Please check off below the program, desired days and the session/s that you would like your child to attend for the 2019 Summer Camp. Days selected will be the same for all weeks chosen and cannot be changed. Learning Safari is a full day summer program and operates 7:00 am to 5:30 pm. **Spots are limited on a first come first serve basis. Please be aware you may not get your selected days. You will be notified immediately if your day you select is not available.**

Program	Monday	Tuesday	Wednesday	Thursday	Friday	Session/s (Please Circle)	
Infant (0-15mo)						1	2
Infant Toddler						1	2
Toddler A /B						1	2
Preschool 3						1	2
Preschool 4						1	2
Vacation Week/s:							

I _____ (parent/guardian) wish to enroll my child, in the program as indicated. I understand a non-refundable registration fee of **\$25.00 cash or check** is required for the daycare and preschool summer program and **MUST** be returned with this form. The registration **will not be accepted** without both the completed form and registration fee.

I understand that I am purchasing slots for the 2019 Summer Camp and I am responsible for payment of 5 weeks per session of the days indicated above, for 1 or 2 consecutive sessions. I will receive **(only 1)** vacation week tuition free, regardless of vacations taken during the 10 weeks for both sessions.

Signature of Parent/Guardian

Date