



Quality and Excellence
In
Early Childhood Education

THE BOULEVARD SCHOOL

TODDLER * NURSERY * KINDERGARTEN * SUMMER CAMP

SUMMER CAMP ENROLLMENT FORM AND AGREEMENT

(This is a contract for enrollment in The Boulevard School - read before signing)

<input type="checkbox"/> Billing	S
<input type="checkbox"/> Computer	
<input type="checkbox"/> Class	
\$250 DEPOSIT REQ'D	
Office use only	

I/we hereby enroll my/our child _____ at The Boulevard School in the program indicated below.

I/we understand that upon return of this completed application form, together with the non-refundable deposit of \$250, a place will be held for my/our child. This fee covers processing and handling of the application and reserves an enrollment space in our Summer Camp program. The Summer Camp deposit will be applied to Summer Camp only. Failure to complete registration, to begin the summer program on the date stated below, or complete the entire summer program stated below will result in the forfeiture of this deposit and any other monies received.

Deposit, Camp Fee, Tuition, and all other fees are non-refundable and non-transferable and can only be applied and used for the stated purposes. All fees are due in full before your child begins the summer program.

As per state law, children will not be able to start unless they are fully immunized, have received some but not all required immunizations doses and are not currently due, or have a written medical exemption from a licensed physician (M.D. or D.O).

I/we have read the above statements and agree to the policies set forth by The Boulevard School; my/our signature(s) herein below acknowledges receipt of the program for the coming Summer session, including the tuition schedule and charge itemization and I/we have retained a duplicate copy of this enrollment form and agreement.

Parent or guardian's signature _____ Date _____

Please Print Neatly and Clearly:

CHILD'S NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER'S NAME _____ OCCUPATION _____ CELL PHONE _____

WORK PHONE _____

FATHER'S NAME _____ OCCUPATION _____ CELL PHONE _____

EMAIL ADDRESS FOR BILLING AND CORRESPONDENCE _____ WORK PHONE _____

CHILD'S BIRTHDATE _____ AGE AS OF 6/1/17 ____ YEARS ____ MONTHS BOY/GIRL (circle one) POTTY TRAINED: Y/N

CHILD TO BEGIN ON _____ FOR ____ WEEKS VACATION SCHEDULE (dates) _____

Extended Daycare

		half day	full day	AM	AM	PM
				7:15-7:30	7:30-8:35	3:00-5:30
Toddler Program half days	(8:35am-12:00noon)	_____	_____	_____	_____	_____
2 and 3 year old half days	(8:35am-12:00noon)	_____	_____	_____	_____	_____

Toddler Program full days	(8:35am-3:00pm)	_____	_____	_____	_____	_____
2 and 3 year old full days	(8:35am-3:00pm)	_____	_____	_____	_____	_____
4-7 year old full days	(8:35am-3:15pm)	_____	_____	_____	_____	_____

DAYS OF PROGRAM Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

- Tuesday/Wednesday/Thursday programs are not offered