

**SACPC PRESCHOOL
APPLICATION FOR ENROLLMENT
SUMMER ENRICHMENT PROGRAM**

CHILD'S NAME: _____

ADDRESS: _____

BIRTHDATE: _____ _____ MALE _____ FEMALE

PHONE NUMBER: _____

PARENT'S NAME: _____

EMERGENCY CONTACT: _____

EMERGENCY TELEPHONE NUMBER: _____

PRICING

\$75.00 (non-refundable) PER SESSION
\$150.00 (non-refundable) BOTH SUMMER SESSIONS

_____ SESSION ONE: MAY 29, JUNE 5, JUNE 12, JUNE 26, JULY 10.

_____ SESSION TWO: JULY 17, JULY 24, JULY 31, AUGUST 7, AUGUST 14.

I give my permission for my child to participate in the SACPC Preschool Summer Enrichment Program. I understand that no discount/refund is given for dates that my child misses or is unable to attend.

Signature _____ Date _____

Child's Name _____