

**CREATIVE GARDEN NURSERY SCHOOL & KINDERGARTEN, LTD**  
**(410)721-7711 SUMMER SCHOOL APPLICATION - 2016 F:(410)721-8836**

<b>Please indicate:</b>	Age on June 15 (must be 2)	Hours of Attendance:	Days of Attendance:	Number of Weeks:	Check Number:	Amount of Check:
A.M. Program Only		9:00-11:45				
FULL DAY: Same monthly tuition.						\$10 for new Full Day reg.

**TODAY'S DATE:** \_\_\_/\_\_\_/\_\_\_ **BIRTHDAY:** \_\_\_/\_\_\_/\_\_\_ **POTTY TRAINED:** YES \_\_\_ NO \_\_\_

Child will be picked up by: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**CHILD'S NAME:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Sex: \_\_\_ Email: \_\_\_\_\_

MOTHER'S Cell Phone:(\_\_\_\_) \_\_\_\_\_ FATHER'S Cell Phone:(\_\_\_\_) \_\_\_\_\_

**CHILD'S Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**FATHER'S Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**MOTHER'S Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

SCHEDULE June 20 - August 26					
Please indicate weeks to be enrolled with a check mark. A minimum of two weeks is required. Select any combination of weeks - they do not have to be consecutive. Full day billed for weeks in attendance.					
WEEK	√	WEEK	√	WEEK	√
JUNE 20-24: SEASHORE		JULY 18-22: DINOSAUR		AUG. 15-19: HEALTHY EARTH	
JUNE 27-JULY 1: PET SHOP		JULY 25 -JULY 29: JUNGLE/ZOO		AUG. 22-26: SCRAPBOOK	
JULY 5-8 (CLOSED JULY 4): BUGS & BEES		AUGUST 1-5: DISNEY (INCLUDING CARS & FROZEN!)			
JULY 11-15: AROUND THE WORLD/SPACE ADVENTURE		AUGUST 8-11 (CLOSED 8/12): TRANSPORTATION			

**TUITION - A.M. PROGRAM ONLY**

**Registration fee (\$10 fee in addition to price below unless registered by May 1).** If you wish to add to your child's schedule, notify the office. Please circle the expected summer's tuition amount on the chart below. No refunds.

WEEKS	2	3	4	5	6	7	8	9	10
TWO MORNINGS PER WK	114.00	167.00	218.00	264.00	308.00	354.00	395.00	441.00	487.00
THREE MORNINGS PER WK	160.00	234.00	310.00	385.00	453.00	520.00	587.00	649.00	710.00
FIVE MORNINGS PER WK	256.00	371.00	487.00	605.00	722.00	815.00	917.00	1017.00	1113.00

IF THERE ARE ANY PAST OR CURRENT EVENTS WHICH MIGHT HAVE AN AFFECT ON YOUR CHILD'S BEHAVIOR OR DEVELOPMENT, PLEASE LET THE DIRECTOR AND APPROPRIATE TEACHER KNOW AND GIVE A BRIEF DESCRIPTION ON A SEPARATE PAPER. EXAMPLE: DIVORCE, DEATH IN FAMILY, LOSS OF JOB, HYPERACTIVITY, LEARNING DISABILITY, DEVELOPMENTAL DELAY (MILD TO SEVERE). PLEASE BE ADVISED THAT ADMISSION CAN BE REFUSED TO A CHILD IF IT IS DETERMINED THAT WE ARE UNABLE TO MEET HIS/HER MEDICAL/SPECIAL NEEDS.