



Preschool Registration Form

Child's Name _____ M/F (Circle)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Age _____ Date of Birth ____/____/____ Grade completed as of June 2010 _____

Please sign me up for the following sessions:

June 28 – July 9

_____ 5 days/week half day (9:00 – 1:00) _____ 5 days/week full day (9:00 – 4:00)

_____ 3 days/week half day (9:00 – 1:00) - please indicate days – you choose! _____

_____ 3 days/weeks full day (9:00 – 4:00) – please indicate days – you choose! _____

July 12 – July 23

_____ 5 days/week half day (9:00 – 1:00) _____ 5 days/week full day (9:00 – 4:00)

_____ 3 days/week half day (9:00 – 1:00) - please indicate days – you choose! _____

_____ 3 days/weeks full day (9:00 – 4:00) – please indicate days – you choose! _____

July 26 – August 6

_____ 5 days/week half day (9:00 – 1:00) _____ 5 days/week full day (9:00 – 4:00)

_____ 3 days/week half day (9:00 – 1:00) - please indicate days – you choose! _____

_____ 3 days/weeks full day (9:00 – 4:00) – please indicate days – you choose! _____

A non-refundable deposit of \$100, which will be credited towards your tuition, is due upon registration. Remainder of fee is due **May 31, 2010**.

Please bill my credit card: Cardholder's Name _____

Billing Address _____

Type of Card _____ American Express _____ Master Card _____ Visa

Card Number _____ Expiration Date ____/____/____

www.campcreateasummer.com

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