

SBMA 2017 Summer Camp Registration

Child's Name: _____ Date of Birth: _____ Gender: M F

*** Please Complete section below IF your child is new to SBMA**

Address: _____
(street) (city) (zip)

Parent/Guardian 1: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Parent/Guardian 2: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Tuition Rates	Extra Care Rates
Weekly Full-Day Tuition (9am-3pm) \$275/week <i>(Week 3 Tuition: \$220 – Reduced for July 4th Holiday)</i>	Early Bird (8am-9am) \$30/week After Care (3pm-4pm) \$40/week After Care (3pm-5pm) \$70/week After Care (3pm-6pm) \$100/week Hourly Extended Day \$10.50/hour
Multiple Week Discounted Tuition \$250/week if enrolled in 6 or more full weeks	<i>(Week 3 Extra Care: \$24/\$32/\$56/\$80 – Reduced for July 4th Holiday)</i>
Weekly Half-Day Tuition (9am-12:30pm) \$200/week <i>(Week 3 Tuition: \$160 – Reduced for July 4th Holiday)</i>	

Terms of Service Agreement

I understand that my submission of this application does not in itself guarantee acceptance until is it confirmed by the Program. When confirmed, the Program agrees to reserve space for my child for the exact period specified and that the dates of enrollment specified on this registration form cannot be altered unless acceptance of the change is granted by the Program Director. Program change requests must be in writing and will incur a \$25 Admin Fee per change (i.e. change of confirmed week and/or confirmed extra care plan).

I understand that all tuition and fees to Spring Academy Summer Program are payable as specified above and that no child may enter or continue to attend unless all tuition and fees are paid and all forms required by the Program are completed and up-to-date.

I understand that enrollment is for the entire period specified and there will be NO REFUNDS, credit, or remission of fees unless the family has submitted a written withdrawal request prior to May 1, 2017.

I understand that **the program will be closed for the Independence Day holiday on Tuesday, July 4th, 2017.** Week 3 will be offered at a reduced rate, prorated to reflect four days of programming.

I understand that programs are subject to change or cancellation at any time.

I understand that if, for any reason this application cannot be accepted by the Spring Academy Summer Program, no contractual relationship shall exist, and my payment will be returned in full.

I understand that the Program Director retains the right to exclude any child from program participation, in her considered judgment, if a child is posing a programmatic or health/safety risk to himself or others.

All children must be toilet-trained to attend Spring Academy Summer Camp

Children may enjoy as few or as many weeks as desired. Please indicate your enrollment request below:

<h1>Spring into Summer!</h1>	Half Day (9am-12:30pm) Ages 2 ½ - 6	Explorers (9am-3pm) Ages 2 ½ - 4 w/ Nap	Travelers (9am-3pm) Ages 4-6 w/out Nap	Early Bird (8am-9am)	After Care (3pm-4pm)	After Care (3pm-5pm)	After Care (3pm-6pm)	Drop-In Extended Day Billed @ End of Month
WEEK 1: June 19-23								
WEEK 2: June 26-30								
* WEEK 3: July 3-7 <i>SBMA is closed for Independence Day on Tuesday, July 4th. The fee for Week 3 will be reduced.</i>								
WEEK 4: July 10-14								
WEEK 5: July 17-21								
WEEK 6: July 24-28								
WEEK 7: July 31-August 4								
WEEK 8: August 7-11								
WEEK 9: August 14-18								
WEEK 10: Aug 21-25								
Total # of Weeks Enrolled:								
Cost per Week for up to five full weeks: (Add Week 3 separately)	\$200	\$275	\$275	\$30	\$40	\$70	\$100	Bill Me
Cost per Week for six or more full weeks: (Add Week 3 separately)	\$200	\$250	\$250	\$30	\$40	\$70	\$100	Bill Me
Week 3 (<i>Reduced for July 3rd Holiday</i>)	\$160	\$220	\$220	\$24	\$32	\$56	\$80	Bill Me
Total Due:								
Deposit Due with Registration: # of Weeks Enrolled _____ x \$50/week = _____								

I hereby enroll my child _____ in Spring Academy Summer Program for the 2017 dates indicated above and am enclosing the \$50/week non-refundable **Deposit Due with Registration**.

I agree to pay the remaining balance in two equal installments due on May 1, 2017 & June 1, 2017.

I have carefully read all conditions of this agreement, fully understanding and accepting them as stated.

Parent Signature _____ Date _____