

Summer Program 2019 ~ Primary Registration Schedule

Student's Name: _____

Current Date: ____/____/____

All registration forms must be accompanied by a non-refundable \$60.00 registration fee (includes t-shirt)

➤➤ Please indicate the weeks your child will attend by checking the box - Circle the particular days needed for attendance - Total the bottom columns



		Primary Themes of the week	5	5	4	4	3	3	2	2
			Full Days	1/2 Days	Full Days	1/2 Days	Full Days	1/2 Days	Full Days	1/2 Days
			\$225 week	\$169 week	\$197 week	\$152 week	\$163 week	\$129 week	\$124 week	\$101 week
Wk 1**	May 28 - May 31	Symphony of Senses	**NO School or ED on Monday, 05/27/2019 MARK correct column ➤➤		<input type="checkbox"/> T W TH F	<input type="checkbox"/> T W TH F	<input type="checkbox"/> T W TH F	<input type="checkbox"/> T W TH F	<input type="checkbox"/> T W TH F	<input type="checkbox"/> T W TH F
Wk 2	June 3 -- 7	Music and Me	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F
Wk 3	June 10 -- 14	Mad Scientists	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F
Wk 4	June 17 -- 21	Mad Scientists	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F
Wk 5	June 24 -- 28	The Very Hungry Author	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F
Wk 6**	July 1 -- 5	Happy Birthday America	**NO School or ED on Thursday, 07/04/2019 MARK correct column ➤➤		<input type="checkbox"/> M T W F	<input type="checkbox"/> M T W F	<input type="checkbox"/> M T W F	<input type="checkbox"/> M T W F	<input type="checkbox"/> M T W F	<input type="checkbox"/> M T W F
Wk 7	July 8 -- 12	Creepy, Crawly, Critters	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F
Wk 8	July 15 -- 19	Healthy Choices = Healthy Bodies	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F
Wk 9	July 22 -- 26	Commotion in the Ocean	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F
Wk 10	July 29 -- Aug 2	To Infinity & Beyond	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F	<input type="checkbox"/> M T W TH F
Please TOTAL ea column AMOUNT >>										

**4-Day weeks: CDSA will be closed Monday, 5/27 for Memorial Day and Thursday, 7/4 for Independence Day – No Extended Days available

Music, French and Stretch-N-Grow will be a regular part of the summer program.

Revised: 01-11-2019

For office use: Date Rec'd ____/____/____ 10%

Student's Name: _____

Date of Birth: ____/____/____

★ *How would you like to pay for tuition?*

SUMMER PAYMENT Preference: -IN FULL -MONTHLY -charge Tuition Express

Required Registration Documents:

Returning Student:

- Summer Registration Schedule
- Summer Extended Day Program Agreement
- Parent Summer Handbook Acknowledgement - *sent after registration received*



New Student:

- Summer Registration Schedule
- CDSA Registration Form and Application for Admission
- Summer Extended Day Program Agreement
- Birth Certificate - copy
- Dismissal Instructions - with drivers license numbers
- Medical Consent & Information - with physician signature & date
- Immunization Records - please keep the Front Office updated
- Parent Summer Handbook Acknowledgement
- Infant Care Plan - Infant class only

Summer 2019 fees did not increase

Summer Program Schedule Options

Full Days: 8:15AM to 3:30PM

1/2 Days: 8:15AM to 12:30PM

To later add an additional day:

Full Day Rate: **\$45**

1/2 Day Rate: **\$34**

Extended Day Schedule Options

Offered 7:00-8:00AM and 3:30-6:00PM

Drop-in Rate **\$0.10/minute** for 7-8AM
and 3:30-6PM

ED Monthly Plan 7-8AM **\$90**

ED Monthly Plan 3:30-4:30PM **\$90**

ED Monthly Plan 3:30-6:00PM **\$175**

*Monthly plan available during June & July.
Prorated during August at a rate of \$0.10 a minute.*

We anticipate Summer 2019 to be at maximum capacity, so if you plan to be with us, you will want to register as soon as possible. Registration is on a first come, first serve basis.

Students who early re-enroll for the **2019-20 School Year** by **Feb 22, 2019 with Re-Enrollment Plan 1** (\$2,500 deposit and \$100 enrollment fee) and register for the 2019 CDSA Summer Program by May 1, 2019 are eligible for a **10%** discount on summer tuition, *regardless of how many weeks your child attends.*

Please Note

- 1) Discounts will not be applied to additions/changes made to registrations after May 1, 2019.
- 2) *The **Early Enrollment Extended Day Discount** does not apply to the Summer Program.*
- 3) All summer registrants are encouraged to utilize the convenience of automatic tuition payments via Tuition Express.

For Office Use Only

Revised: 01-09-2019

DATE RECEIVED: ____/____/____

-PROCARE: _____ B. O. COPIED

PAYMENT Made: -IN FULL -MONTHLY

AMOUNT \$ _____

CASH RECEIPT # _____

CHECK # _____

Classroom: -I/YT -T/TR -P -PK1

TE / PROCARE