

Innovate and Create Summer Program at Taylor Application Form

June 21 - August 13, 2010



For students 3 years old by December 1, 2009 and 8 years old entering the 3rd grade.

8:30am - 4:00 pm. Aftercare available until 5:30pm

**PLEASE REGISTER EARLY.
SPACE IS LIMITED!**

Cost:

- » \$210.00 per week, includes snack
- » \$230.00 per week, includes snack and lunch
- » \$6.00 per day for aftercare
- » Deposit: \$50 per week to hold your spot is non-refundable.

For more information, please call Wendy at 274-4994

CHILD'S NAME _____ DOB _____ AGE _____

PARENT NAME(S) _____

ADDRESS _____

EMAIL _____ HOME PHONE _____ DAY PHONE _____ CELL _____

EMERGENCY CONTACT #1 _____ PHONE _____ RELATIONSHIP _____

EMERGENCY CONTACT #2 _____ PHONE _____ RELATIONSHIP _____

Please check the summer program sessions your child will be attending:

- | | | | |
|--|-----------------------------|---|--|
| <input type="checkbox"/> June 21 - June 25 | Celebrate Summer! | <input type="checkbox"/> July 19 - July 23 | Mysteries of Science |
| <input type="checkbox"/> June 28 - July 2 | The Wonders of Water | <input type="checkbox"/> July 26 - July 30 | Wonderful World of Dr. Seuss |
| <input type="checkbox"/> July 5 - July 9 | Yummy in the Tummy | <input type="checkbox"/> August 2 - August 6 | Around the World in Five Days |
| <input type="checkbox"/> July 12 - July 16 | Incredible Insects | <input type="checkbox"/> August 9 - August 13 | Movin' and Groovin' Fitness Fun |

_____ **TOTAL WEEKS X** _____ **WEEKLY FEE (\$210 OR \$230) =** _____

My child will use aftercare:

- rarely sometimes everyday (You will be billed every Friday for this service. Please remit payment the following week.)

Is your child identified by your school district as having special needs? Yes No

Health Concerns (allergies, physical limitations, sun sensitivity, etc.): _____

PAYMENT:

Check: Enclosed is a check for _____ weeks x \$50 deposit = \$_____ made payable to The Taylor School.

Credit Card Payment:

NAME _____ CREDIT CARD NUMBER _____

EXPIRATION DATE _____ VERIFICATION NUMBER _____ SIGNATURE _____

MAILING ADDRESS: Susan Odell Taylor School • Innovate and Create Summer Program • 116 Pinewoods Avenue, Troy, New York 12180

For Office Use Only: Date Deposit Received: _____ Amount: _____ Cash Check# _____ C.C.
Date Balance Received: _____ Amount: _____ Cash Check# _____ C.C.