

SHEPHERD OF THE HILLS PRESCHOOL

580 Trinity Drive ♦ Vacaville ♦ CA ♦ (707) 447-6278

Summer School Registration Form 2008-09 School Year

Child's Name: _____

Child's Date of Birth: Month: _____ Day: _____ Year: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Zip Code _____

Phone #: _____ Work #: _____

Summer School will consist of 2, 3-week sessions. Each session will have its own theme so if you wish your child to attend both sessions we will have new and exciting activities for your child to experience.

Session 1 will be from **June 17th – July 3rd** and **Session 2** will be **July 15th – July 31st 2008**. Both Sessions will run on Tuesdays, Wednesdays, and Thursdays from **8:30 A.M. – 11:30 A.M.** The tuition for each session will be **\$175.00**. Art Exploration, which runs 11:30 A.M. -2:00 P.M. and/or extended is offered on these days for an addition cost. Tuition is due the first week of each session. Please indicate below the summer session/sessions you wish your child to attend.

SESSION 1 _____

SESSION 2 _____

EXTENDED CARE: AVAILABLE TUESDAY, WEDNESDAY, THURSDAY
FROM 7:30 A.M. – 5:30 P.M.

_____ Full Time

_____ Part Time (Please indicate below the days and times extended care is needed.)

_____ Tuesdays _____: _____ - _____: _____

_____ Wednesdays _____: _____ - _____: _____

_____ Thursdays _____: _____ - _____: _____

Parent's Signature

Date