

SHEPHERD OF THE HILLS PRESCHOOL

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

Summer School Registration Form 2010 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 1, 4-week session this summer. The session will run **June 29th – July 22nd**. The Session will be on Tuesdays, Wednesdays, and Thursdays from **8:30 – 11:30 A.M.** We will offer extended care **7:30-8:30 A.M. & 11:30- 5:30 P.M.** for those who need it and the cost is **\$500.00** for the month (Included in summer school tuition). We will also offer art exploration from **11:30 A.M. – 2:00 P.M.** on these days for an additional **\$10.00** per time they stay. They will need to bring a lunch and after lunch they will explore different art experiences.

The tuition for the summer session is **\$210.00**. Tuition is due the first week of the session. Please indicate below any extended care or art exploration days you wish your child to attend.

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 _____: _____ - _____: _____

Art Exploration

_____ Tuesday
_____ Wednesday
_____ Thursday

Parent's Signature

Date