



Kids Corner Summer Program Registration 2012



263 Main Street * Winchester, Massachusetts 01890 * 781-721-1514 * info@kidscornerwinchester.org

One Registration Per Program Participant

Participant Information *(Please print all information)*

Participant's Last Name _____ First Name _____ Male Female
Date of Birth _____ Grade completed by first day of program _____
Home Address _____ City/State/ZIP _____

Parent/Guardian 1 _____	Parent/Guardian 2 _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Bus. Phone _____	Bus. Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Weeks (Please check all that apply) *No minimum number of weeks	Tuition (9am-5pm) Half rate for CITs	Early Drop-Off (8am-9am) Late Pick-Up (5pm-6pm)	Total Payment
<input type="checkbox"/> Week 1: June 18th - June 22nd	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 2: June 25th - June 29th	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 3: July 9th - July 13th	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 4: July 16th - July 20th	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 5: July 23rd - July 27th	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 6: July 30th - August 3rd	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 7: August 6th - August 10th	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 8: August 13th - August 17th	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 9: August 20th - August 24th	\$320/\$160 (CIT)	<input type="checkbox"/> Early D/O (\$10/wk) <input type="checkbox"/> Late P/U (\$10/wk)	_____
<input type="checkbox"/> Week 10: August 27th - August 29th	\$192/\$96 (CIT)	<input type="checkbox"/> Early D/O (\$6/wk) <input type="checkbox"/> Late P/U (\$6/wk)	_____
TOTAL DUE:			_____

How did you hear about the Kids' Corner (KC) Summer Program?

We are a current KC family We know a KC family Local Newspaper Other (explain): _____

Payment Contract

Your first payment (25% of total tuition owed) must accompany this registration form. All payments are non-refundable and non-transferable.

Payments due on the following schedule:

Upon Registration – 25% **March 15th – 50%** **May 1st – 75%** **June 15th – 100%**

No refund of tuition will be made for absence, withdrawal, delayed attendance at summer program, or dismissal.

I agree to pay all charges in full by June 15th.

Parent/Guardian Signature: _____ **Date:** _____