

# Once Upon A Time Preschool

## 2019 Summer Session

*\*Please fill out a separate form for each child attending*

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Sessions run from: 8:30 - 11:30 (MORNING)

12:30 - 3:30 (AFTERNOON)

8:30 - 3:30 (ALL DAY)

Check  your choices below:

Week 1 – July 8 – 11			
<p style="text-align: center;"><b>Monday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Tuesday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Wednesday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Thursday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>
<input type="checkbox"/> Full week (M-Th 8:30am-3:30pm) discount \$160			
Office Use Only:	Balance: _____ Check #: _____ Date: ____/____/____		

Week 2 – July 15 – 18			
<p style="text-align: center;"><b>Monday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Tuesday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Wednesday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Thursday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>
<input type="checkbox"/> Full week (M-Th 8:30am-3:30pm) discount \$160			
Office Use Only:	Balance: _____ Check #: _____ Date: ____/____/____		

Week 3 – July 22 – 25			
<p style="text-align: center;"><b>Monday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Tuesday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Wednesday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>	<p style="text-align: center;"><b>Thursday</b></p> <p><input type="checkbox"/> Morning \$25</p> <p><input type="checkbox"/> Afternoon \$25</p> <p><input type="checkbox"/> All day \$45</p>
<input type="checkbox"/> Full week (M-Th 8:30am-3:30pm) discount \$160			
Office Use Only:	Balance: _____ Check #: _____ Date: ____/____/____		

Week 4 – July 29 – August 1

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25
<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25
<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45
<input type="checkbox"/> Full week (M-Th 8:30am-3:30pm) discount \$160			
Office Use Only:	Balance: _____ Check #: _____ Date: ____/____/____		

Week 5 – August 5 - 8

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25
<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25
<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45
<input type="checkbox"/> Full week (M-Th 8:30am-3:30pm) discount \$160			
Office Use Only:	Balance: _____ Check #: _____ Date: ____/____/____		

Week 6 – August 12 - 15

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25
<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25
<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45
<input type="checkbox"/> Full week (M-Th 8:30am-3:30pm) discount \$160			
Office Use Only:	Balance: _____ Check #: _____ Date: ____/____/____		

Week 7 – August 19 - 22

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25	<input type="checkbox"/> Morning \$25
<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25	<input type="checkbox"/> Afternoon \$25
<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45	<input type="checkbox"/> All day \$45
<input type="checkbox"/> Full week (M-Th 8:30am-3:30pm) discount \$160			
Office Use Only:	Balance: _____ Check #: _____ Date: ____/____/____		