

Once Upon A Time Preschool

2021 Summer Session

Child's Name: _____ Birthdate: _____

Sessions run from: 8:30-11:30 (morning) 12:30-3:30 (afternoon) 8:30-3:30 (all day)

Week 1: July 5-8			
MONDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	TUESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	WEDNESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	THURSDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <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 2: July 12-15			
MONDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	TUESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	WEDNESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	THURSDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <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 3: July 19-22			
MONDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	TUESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	WEDNESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	THURSDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <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 4: July 26-29			
MONDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	TUESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	WEDNESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	THURSDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <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 2-5			
MONDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	TUESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	WEDNESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	THURSDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <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 9-12			
MONDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	TUESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	WEDNESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	THURSDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45
<input type="checkbox"/> Full Week (M-Th 8:30am-3:30pm) Discount \$160			
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Week 7: August 16-19			
MONDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	TUESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	WEDNESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	THURSDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <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 8: August 23-26			
MONDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	TUESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	WEDNESDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <input type="checkbox"/> All Day \$45	THURSDAY <input type="checkbox"/> Morning \$25 <input type="checkbox"/> Afternoon \$25 <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: ___/___/___		