



2019 Summer Camp Enrollment Form

Child's Name _____

Teacher _____

Week(s) chosen:

_____ June 3-7, Monday-Friday, 9:15-12:15 \$150 _____

_____ June 10-14, Monday-Friday, 9:15-12:15 \$150 _____

_____ June 17-21, Monday-Friday, 9:15-12:15 \$150 _____

Total Amount attached _____

The camp fee is refundable until May 15, 2019 minus \$25 for processing.
The fee is non-refundable after May 15, 2019.

Children must be age 3 by 3/30/19 and able to use the bathroom independently.

Please send this form by mail or place in tuition mailbox in the office by 3/29/19; Notifications will be made on or before 4/5/19. Spaces are filled on a first come, first serve basis.

Parent

For office use:

Date received _____

Check # _____

United Christian Parish Preschool

11508 North Shore Drive, Reston, VA 20190