

2021 Little Flower School Summer Care

Registration Information

Parent/Guardian First Name Last Name

Parent/Guardian E-Mail

Home Phone Work Phone Cell Phone

Street Address City Zip Code

Student Name Grade Completed

Student Name Grade Completed

Student Name Grade Completed

Student Name Grade Completed

All Summer OR

	M	T	W	Th	F		M	T	W	Th	F
<input type="checkbox"/> June 1-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 5-9	closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 7-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 14-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 28-July 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	closed	<input type="checkbox"/> Aug 2-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Total Number of Weeks X \$150

Payment

\$100 Activity/Registration Fee per Family Pay in Full Weekly Payment

By signing this form, I take responsibility for all fees associated with the summer care program. Weekly payments are due in full on the first day of the week at morning drop off. Delinquent accounts may result in suspension and/or termination of services. In case of default, I acknowledge responsibility for all costs incurred in collection of the amount owed, including court costs, reasonable attorney fees, and/or collection fees at the rate of 35% of my outstanding balance.

Signature Date