



The Following Information is Required and Must be Complete—If Not Applicable, Please Write N/A

Child's Name:		Child Goes By: N/A		
		Parents' Names:		
Address:		City: _	State:	Zip:
Home Phone:		Cell Phone:	Work Phone: _	
Email Address: _				
SCHEDULE Please select desired schedule, program, weeks, and days				
		Half Day (8:00 AM—1 Full Day (7:00 AM—5		
PROGRAM		Two Year Olds Rising Three Year Olds Rising Four Year Olds Rising Kindergarteners School Age (6-10 year		
WEEK SELECTION (Must sign up for entire session, if both sessions are chosen then 1 week of vacation optional)				
<u> </u>	Session A		Session B	
1. (June	20-23)		6. (July 24-July 28)	
2. (June	e 26-June 30)		7. (July 31-Aug. 4)	
3. (July	3-July 7) *		8. (Aug. 7-Aug. 11)	
4. (July	10-July 14)		9. (Aug. 14-Aug. 18)	
5. (July	17-July 21)		10. (Aug. 21-Aug. 25)	
*Closed July 4th	in observanc	e of Fourth of July	11. (Aug. 28-Aug. 30) Hours 7-3PM	(Child Care Days Only for WBA Fall 2023 students)
DAY SELECTION				
Monday—Friday Mon/Wed/Fri Tues/Thurs				
tion requires a m	ninimum of two	o weeks' written notice.	. Without two weeks' notice, tl	np session begins, future session cancella- he tuition amount will be charged to the in by May 15, 2023 no exceptions.
Form, a current In	nmunization Re	cord, completed Physical		the Parental Permission/Tuition Agreement irth Certificate must be provided. The non-
Guardian /Parent Signature		Date		