

## Arbor Bay School Summer 2023 Registration Form Therapeutic Afterschool Program June 19\* - July 14\* Monday - Friday 1:00 - 5:00pm

Student's Name		Birthdate	Grade Fall	`23	
Address			Zip		
Parent/Guardian Name(s)					
hone (home) Cell		W	Work		
Emails					
List all persons your student is authorize Name					
Name	Phone		Relationship		
Name	Phone		Relationship		
Therapeutic Afterschool Program 1	:00-5:00				
Please check all that apply: Summer Program:*6/19-23	6/26-6/3	0	*7/03-7/07	7/10-14	
<u>Daily rate (full afternoon) \$</u> I would like my stude		<del></del>	<u>(30 minutes or l</u> Monday – Friday	<del>-</del>	
I would like my stude			-		
I would like my stude	-				
*NO SCHOOL or TAP on Monday, Ju	une 19 and Tuesday	, July 4, due t	o Federal Holida	ys.	
		Pa	rents, please initia	l each item below	
Absences from the program do not warrant credits or changes in the fees.				initial	
Full payment is due prior to the first da			initial		
Payment received after the 1st day will	е.		initial		
Late pick-up after 5:00 will result in ad			initial		
I understand and agree to the Registra	ition and Payment De	tails stated abo	ove.		

Date\_\_\_\_\_

Parent Signature\_\_\_\_\_