



Arbor Bay School
Summer 2022 Registration Form
Therapeutic Afterschool Program
June 20 – July 15

Student's Name _____ Birthdate _____ Grade Fall '22 _____
 Address _____ City _____ Zip _____
 Parent/Guardian Name(s) _____
 Phone (home) _____ Cell _____ Work _____
 Email(s) _____

List all persons your student is authorized to be released to or to contact in an emergency:
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Therapeutic Afterschool Program* 1:00-5:00

Please check all that apply:
 Summer School: 6/20-24 6/27-7/01 *7/05-7/08 7/11-15

Please choose a 2, 3, 4 or 5 days option below:

<input type="checkbox"/> 2 days/week - circle M T W Th F	Monthly Fee: \$224.00
<input type="checkbox"/> 3 days/week - circle M T W Th F	Monthly Fee: \$336.00
<input type="checkbox"/> 4 days/week - circle M T W Th F	Monthly Fee: \$450.00
<input type="checkbox"/> 5 days/week	Monthly Fee: \$ 562.00
	Total Fee: _____

Please send a cold lunch with your child each day.
***NO SCHOOL or TAP on Monday, July 4.**

Daily drop in: \$45.00 per day Stays of 1 hour or less: \$25.00 per day

Parents, please initial 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 day of attendance. _____ initial

Payment received after the 1st day will be charged a late fee. _____ initial

Late pick-up after 5:00 will result in additional charges. _____ initial

I understand and agree to the Registration and Payment Details stated above.

Parent Signature _____ **Date** _____