



Summer Program Application

Child's Name: _____

Sex: _____ Date of Birth: _____

	Parent	Parent
Name:		
Home Address:		
City, State, Zip Code:		
Phone #:		
Cell #:		
***Email:		
*Emergency Pick Up Name/Information: Phone #:		

** In case of emergency, the above individual is authorized by the parent(s) to pick up a child. The authorized individual MUST show I.D. prior to child being released.*

Medical / Allergy Information

List All Allergies Below:	List Any Pertinent Medical Conditions:

Payment Agreement

Summer Program Begins:
June 28th, 2021

Summer Program Ends:
September 3rd, 2021

Payment Schedule

1-3 weeks of attendance	\$450.00/week
4 - 8 weeks of attendance	\$425.00/week
9-10 weeks of attendance	\$400.00/week

*A deposit for one week is required to secure a seat. The deadline to register is March 19th, 2021.

I, _____, parent/guardian of _____, would like to register my child for the Summer Program at Steps to Success, to attend for _____ weeks. I agree to pay \$_____ for the previously mentioned weeks.

Please indicate below the weeks your child(ren) will be attending:

6/28/21 _____
7/5/21 _____ 8/9/21 _____
7/12/21 _____ 8/16/21 _____
7/19/21 _____ 8/23/21 _____
7/26/21 _____ 8/30/21 _____
8/2/21 _____

Parent/Guardian Signature

Staff Signature

Please note there are no credits/refunds for missed days