

Kidsborough Summer 2009 Registration Form

Child's Name: _____
Parent's Name: _____
Parent's Address: _____
Home Phone Number: _____
Child's Grade Fall 2009: _____

Session	Times	# of Days	Fee/Day	Total
FULL-DAY	7:30AM - 6PM	_____	@\$55	\$ _____
Field Trip	7:30AM - 6PM	_____	@\$70	\$ _____

Total Tuition: \$ _____

I am enclosing the above amount of summer tuition for my child. I understand that all monies paid are non-refundable and non-transferable.

Parent's Signature _____

Date _____

Registration materials (3-Page* face sheet, registration form, program selection form and full payment) should be mailed to:

Kidsborough
P.O. Box 94
Southborough, MA 01772

*These forms can be found at www.kidsborough.com