

Kidsborough Summer 2010 Registration Form

Child's Name: _____
 Parent's Name: _____
 Parent's Address: _____

 Home Phone Number: _____
 Child's Grade Fall 2010: _____

Session	Times	# of Days	Fee/Day	Total
FULL-DAY	7:30AM - 6PM	_____	@\$55	\$ _____
Field Trip Fee		_____	@\$15	\$ _____

Total Tuition: \$ _____
 20% Deposit Required: \$ _____

I agree to pay the above amount of summer tuition for my child. I understand that all monies paid are non-refundable and non-transferable. I also understand that if full payment is not received by May 21, 2010 that I may lose my child's place within the summer program. Any schedule changes made after this date will be at my own expense.

Parent's Signature _____ Date _____

Registration materials (3-Page* face sheet, registration form, program selection form and 20% deposit) should be mailed to:

Kidsborough
 P.O. Box 94
 Southborough, MA 01772