



SUMMER REGISTRATION FORM

I _____ would like to register my child _____ for the **2019 Summer Program** with A.S.A.P. Development Center. I understand a non-refundable fee of \$50.00, along with my child's first week's tuition must be paid in order to begin care.

To *reserve* a space, I must pay the \$50.00 registration fee, along with the first week's tuition. I understand that the \$50.00 registration fee is non-refundable; however, the first week's tuition is refundable prior to June 14, 2019, after which the first week's tuition is non-refundable. **NO EXCEPTIONS!**

In addition, I understand that tuition refunds **MUST** be requested, *in writing*, prior to June 14, 2019. I also understand that a refund may take 5 to 7 business days to be processed.

Child's Name: _____ Age: _____

Child's School: _____ Birthday: _____

Mother's Name: _____ (C): _____

Mother's Address: _____ (W): _____

(if different from above)

Father's Name: _____ (C): _____

Father's Address: _____ (W): _____

(if different from above)

Child's Start Date: _____

Amount Paid / Due \$ _____ / \$ _____

Received by / Date _____ / _____

Parent Signature _____