

# The Little Dolphin

## Summer Program Enrollment

Child's Name \_\_\_\_\_ Age\_\_\_\_ Birthdate\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone\_\_\_\_\_ Allergies \_\_\_\_\_

Special Services: Yes/No Therapy received: Physical Occupational SEIT Speech

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Occupation\_\_\_\_\_ Bus Tel\_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Occupation\_\_\_\_\_ Bus Tel\_\_\_\_\_

Emergency Name\_\_\_\_\_ Telephone\_\_\_\_\_

### **Schedule:**

	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Week 6</b>	<b>Week 7</b>	<b>Week 8</b>
<b>Days</b>	<b>07/3/17</b>	<b>7/10/17</b>	<b>7/17/17</b>	<b>7/24/17</b>	<b>07/31/17</b>	<b>8/7/17</b>	<b>8/14/17</b>	<b>8/21/17</b>
<b>2 half Am/Pm</b>								
<b>2 Full</b>								
<b>3 half Am/Pm</b>								
<b>3 Full</b>								
<b>5 half Am/Pm</b>								
<b>5 Full</b>								

**All payments for summer must be made before the session begins. Weeks 1 – 4 will be paid by 06/15/17. Weeks 5 – 8 will be paid by 07/15/17.**

Weekly Tuition \_\_\_\_\_

Extended Hours \_\_\_\_\_

Total Weekly \_\_\_\_\_

Registration Fee \_\_\_\_\_

Parent Signature\_\_\_\_\_

Date\_\_\_\_\_



# Summer Program Sample Day

8:30 Am



Calendar

10:20 Am



Story Time

8:40 Am



Small Group Lesson

10:30 Am



Learning Centers

9:00 Am



Outdoor Play

11:30 Am



Dismissal/Lunch

10:00 Am



Snack/Bathroom

12:00 Pm



Rest/Movie Time

# Summer Program Sample Day

1:00 Pm



Water Play

2:35 Pm



Snack/Bathroom

1:45 Pm



Changing Time

2:55 Pm



Learning Centers

2:00 Pm



Story Time

3:50 Pm



Music

2:20 PM



Small Group Lesson

4:00 Pm



Dismissal