

Summer Enrichment Program

Registration

Camper's Name: _____ Sex: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Grade in Sept. '18: _____

Father's Name: _____ Phone #: _____

Mother's Name: _____ Phone #: _____

Weekly Rate \$310.00

2 days/week \$184.00 3 days/week \$237.00 4 days/week \$286.00

A \$100.00 non-refundable deposit is required with this application to secure a place in the Summer Enrichment Program. A discount of 10% each week of FT enrollment (with a minimum of four weeks enrollment) will be applied to the final week's tuition.

My son/daughter will attend the **Summer Enrichment Program**
during the weeks/days circled below.

Dates:

June 25-29 (M T W R F)

July 2-6 (M T R F)

July 9-13 (M T W R F)

July 16-20 (M T W R F)

July 23-27 (M T W R F)

July 30-August 3 (M T W R F)

August 6-10 (M T W R F)

August 13-17 (M T W R F)

August 20-24 (M T W R F)

August 27-31 (M T W R F)

Lakeview Child Center Hamilton
Four Hamilton Health Place
Hamilton, NJ 08690
609-890-1442
Director: Shannon Dumas

Lakeview Child Center Ewing
1440 Lower Ferry Road
Ewing, NJ 08618
609-530-9696
Director: Pattijo Taylor