

GVS 2010 Summer Program Registration Form

Child's Name: _____ DOB _____

Parent's Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please indicate the weeks you would like your child to attend.

Weeks #1 - #10 (Monday – Friday)

- _____ Full Day: 8:30am – 3:00pm \$160/week
- _____ Half-day: 8:30am – 11:30pm \$130/week
- _____ Extra-care: 7:30 – 8:15am, 3:00-5:30pm \$40/week

| Week | Dates: | Tuition: | + | Extra-care | = | Total |
|-------|-------------------|----------|---|------------|---|----------|
| 1 | 6/14/10 – 6/18/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 2 | 6/21/10 – 6/25/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 3 | 6/28/10 – 7/02/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 4 | 7/05/10 – 7/09/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 5 | 7/12/10 – 7/16/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 6 | 7/19/10 – 7/23/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 7 | 7/26/10 – 7/30/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 8 | 8/02/10 – 8/06/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 9 | 8/09/10 – 8/13/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| 10 | 8/16/10 – 8/20/10 | \$ _____ | + | \$ _____ | = | \$ _____ |
| Total | | \$ _____ | + | \$ _____ | = | \$ _____ |

Please make checks payable to GVS and mail to:

**Green Valley School
389 Pembroke Street
Pembroke, NH 03275 (603) 485-8550**