

GVS 2019 Summer Program Registration Form

Child's Name: _____ DOB _____

Parents' 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 \$190/week (\$36 per day)
 Half-day: 8:30am – 11:30pm \$145/week (\$29 per day)
 Extra-care: 7:30 – 8:15am, 3:00-5:30pm \$50/week (\$10 per day)

Week	Dates:	Tuition:	+	Extra-care	=	Total
1	6/10/19 – 6/14/19	\$ _____	+	\$ _____	=	\$ _____
2	6/17/19 – 6/21/19	\$ _____	+	\$ _____	=	\$ _____
3	6/24/19 – 6/28/19	\$ _____	+	\$ _____	=	\$ _____
4	7/1/19 – 7/5/19	\$ _____	+	\$ _____	=	\$ _____
5	7/8/19 – 7/12/19	\$ _____	+	\$ _____	=	\$ _____
6	7/15/19 – 7/19/19	\$ _____	+	\$ _____	=	\$ _____
7	7/22/19 – 7/26/19	\$ _____	+	\$ _____	=	\$ _____
8	7/29/19 – 8/2/19	\$ _____	+	\$ _____	=	\$ _____
9	8/5/19 – 8/9/19	\$ _____	+	\$ _____	=	\$ _____
10	8/12/19 – 8/16/19	\$ _____	+	\$ _____	=	\$ _____
Total		\$ _____	+	\$ _____	=	\$ _____

Please make checks payable to GVS and mail to:

Green Valley School
389 Pembroke Street
Pembroke, NH 03275 (603) 485-8550
office@greenvalleyschool.com