

GVS 2024 Summer Program Registration Form

Child's Name: _____ DOB: _____

Parents' Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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

Weeks #1 - #10 (Monday – Friday)

- ___ Full Day: 8:30 a.m. to 3:00 p.m. \$225/week (\$45 per day)
- ___ Half-day: 8:30 a.m. to 11:30 a.m. \$180/week (\$36 per day)
- ___ Extra-care: 7:30 a.m. to 5:30 p.m. \$50/week (\$10 per day)

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

*Green Valley School will be closed on July 4th and 5th. Billing for Week 4 will be calculated at the daily rates.