

Nature's Playroom 2010/2011

Child's Name _____ Birthdate _____ Age _____

Male/Female _____ Allergies _____ Treatment _____

Mom's Name _____ Dad's Name _____

Address _____ City _____ State _____ Zip _____

Home phone # _____ Mom Cell _____ Dad Cell _____

E-Mail Address _____

One day per week: Monday - Tuesday - Wednesday - Thursday - Friday

Fall dates: Tuesday, Wednesday & Friday begin week of September 7th to December 17th
 Monday and Thursday begin week of September 13th to December 13th

**Fall/Winter/Spring dates: September 7, 2010 to June 10, 2011

Times: AM session 9:30-11:45
 PM session 12:30-2:45 (Wednesday ~ Thursday)
 Lunch Bunch 11:45 to 1:00

Fall Nature's Playroom	Monday	Tuesday	Wednesday AM	PM	Thursday	Thursday PM	Friday
Fall Nature's Playroom only	\$456	\$532	\$532		\$456	\$456	\$494
Fall Nature's Playroom with Lunch Bunch	\$696	\$812	\$812		\$754	\$696	\$754

Program Amount \$ _____ Membership \$ _____ Total due \$ _____ Paid in full \$ _____

**One week free when signing up for Fall/Winter/Spring

Fall/Winter/Spring Nature's Playroom **	Monday	Tuesday	Wednesday AM	PM	Thursday	Thursday PM	Friday
Fall/winter/spring no Lunch Bunch	\$1140	\$1292	\$1292		\$1254	\$1216	\$1254
Fall/winter/spring with Lunch Bunch	\$1722	\$1992	\$1992		\$1934	\$1876	\$1934
Nature's Play 2 payments	2 x \$570	2 x \$646	2 x \$646		2 x \$627	2 x \$608	2 x \$627
Nature's Playroom with Lunch 2 payments	2 x \$861	2 x \$996	2 x \$996		2 x \$967	2 x \$938	2 x \$967

1st installment amount paid \$ _____ 2nd installment amount due \$ _____ January 3, 2011

I agree to have my credit card charged on January 3, 2011 for the 2nd installment for Nature's Playroom.

Name on Credit Card _____
 Card Number# _____ Exp. date _____ CVV # _____
 Card billing address _____
 Signature _____ Date _____

Refund Policy: 75% of class fee if we can fill your space.
 50% of class fee if we cannot fill your space.
No refunds after September 1, 2010

I have read and agree to adhere to the above refund policy _____ Date _____