

Vinings Creative Learning Center

3551 N. Cooper Lake Road * Smyrna, GA 30082 * (770) 435-3050

2009 Summer Camp Registration Form

Weekly Tuition

		Enrolled	
		<u>VCLC Students</u>	<u>Non-Students</u>
<u>(Age on 6/01/09) – PLEASE CIRCLE YOUR CHOICE BELOW</u>			
Two Years Old (2-Day)	Tues. & Thurs. 9:30am-1:30pm	\$70	\$80
Two Years Old (3-Day)	Mon., Wed., & Fri. 10:00am-2:00pm	\$90	\$100
Three Years Old	Mon., Wed., & Fri. 10:00am-2:00pm	\$90	\$100
Four, Five & Six Years Old	Mon., Wed., & Fri. 10:00am-2:00pm	\$90	\$100

I would like my child enrolled during the weeks checked below:

June 1 _____ June 8 _____ June 15 _____ June 22 _____
 July 6 _____ July 13 _____ July 20 _____ July 27 _____
 Aug 3 _____ Aug 10 _____

PAYMENT OF THE REGISTRATION FEE PLUS HALF OF THE TOTAL TUITION IS DUE UPON SUBMITTING THIS FORM IN ORDER TO HOLD YOUR CHILD'S SPACE. THE REMAINING HALF OF THE TUITION IS DUE FRIDAY, MAY 22, 2009.

Non-refundable Registration Fee (\$30.00) \$ _____
 Weekly Fee \$ _____ X _____ # Weeks = \$ _____
 Total due: \$ _____

1st Payment Amount _____ Remaining Payment Amount _____

My child has permission to participate in the summer program at Vinings Creative Learning Center (VCLC). Neither my spouse, my child, nor I will hold VCLC liable for any accident, loss, or injury to my child occurring while attending VCLC, whether such activity takes place on the school grounds or elsewhere on the property. If such accident, loss or injury is caused by negligence of VCLC, I shall limit any claim I file to no more than the liability insurance coverage of VCLC.

I also understand that prior to the first day of summer camp (June 1, 2009) should my plans change and my child(ren) can not go to camp on the weeks already paid for, I may receive a full refund of camp tuition on the weeks of my choice. On or after the first day of summer camp, (June 1, 2009) I will not receive a refund on weeks paid for, but I can change weeks based on availability.

 Signature of Parent/Guardian Printed name of Parent/Guardian Date

 Address, City, State, Zip Phone

Email address: _____

 Child's Name Child's Birthdate