

Vinings Creative Learning Center

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

2010 Summer Camp Registration Form

Weekly Tuition

| | | Enrolled | |
|--|-----------------------------------|----------------------|---------------------|
| | | <u>VCLC Students</u> | <u>Non-Students</u> |
| <u>(Age on 6/01/10) – PLEASE CIRCLE YOUR CHOICE BELOW</u> | | | |
| 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 |
| Five day camp option | Mon. through Fri. 10:00am-2:00pm | \$150 | \$160 |

I would like my child enrolled during the weeks checked below (3 day camp weeks):

June 7 _____ June 14 _____ June 21 _____ June 28 _____
 July 12 _____ July 19 _____ July 26 _____ Aug 2 _____
 Aug 9 _____ Aug 16 _____

Five Day camp Weeks: June 21 _____ July 19 _____ Aug 9 _____

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 21, 2010.

Non-refundable Registration Fee (\$35.00) \$ _____
 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 7, 2010) 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 7, 2010) 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 Age as of 6/1/10

Child's Birthdate