

Date Form Completed:

____/____/____



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

Office Use Only:

Check Number: _____
 Amount: _____
 Date Rec'd: _____
 Time Rec'd: _____
 Class List: _____
 EZCare2: _____
 Student Intake: _____
 Enrollment forms: _____

Supplemental Care 2010/2011 Registration

STUDENT INFORMATION

Last Name	First Name	Middle Name	Nickname
Address		City	State Zip
Gender: M F	Date of Birth: ____/____/____	Phone Number: (____) _____	
School attending 10/11 _____		Program/Grade 10/11 _____	

PROGRAM SELECTION

• Please place an **X** in the appropriate boxes to indicate your day(s) selection(s).

• Choose one of the following three options and place an **X** in the appropriate box to indicate your selection:

FULL DAY OPTION

A: 7am - 6pm

HALF DAY OPTIONS

B: 7am - 1pm

C: 1pm - 6pm

	A	B	C
COLUMBUS DAY			
<input type="checkbox"/> Oct. 11th			
FALL CONFERENCE DAYS			
<input type="checkbox"/> Nov. 9th			
<input type="checkbox"/> Nov. 10th			
VETERAN'S DAY			
<input type="checkbox"/> Nov. 11th			
MARTIN LUTHER KING JR DAY			
<input type="checkbox"/> Jan. 17th			

	A	B	C
WINTER RECESS			
<input type="checkbox"/> Feb. 21st			
<input type="checkbox"/> Feb. 22nd			
SPRING CONFERENCE DAYS			
<input type="checkbox"/> May 12th			
<input type="checkbox"/> May 13th			
SPRING RECESS			
<input type="checkbox"/> April 18th			
<input type="checkbox"/> April 19th			
<input type="checkbox"/> April 20th			
<input type="checkbox"/> April 21st			
<input type="checkbox"/> April 22nd			

TUITION INFORMATION

FULL DAY (OPTION A) # Days _____ x \$65.00/day = \$ _____

HALF DAY (OPTION B or OPTION C) # Days _____ x \$32.50/day = \$ _____

TOTAL: \$ _____

NOTE: A 5% Discount is offered for 2 or more siblings enrolled.

I have enclosed my payment of \$ _____ and, by signing below, I acknowledge that all tuition payments are non-refundable.

Parent/Guardian Signature

____/____/____

Date