



# Suzuki Preschool of Newton

Enrollment Form Summer Adventure Camp 2017

1860 Washington Street Auburndale MA 02466

[teachdebperry@gmail.com](mailto:teachdebperry@gmail.com) 617.964.5565

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_

**Primary Contact & Phone Number:** \_\_\_\_\_

Parent (1) Name: \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Please indicate the times/dates for which you are applying.***

\_\_\_ 8am – 12pm \_\_\_ 8am – 3pm \_\_\_ 8am – 6pm

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

\_\_\_ June 26-June 30

\_\_\_ July 24-July 28

\_\_\_ July 3-July 7

\_\_\_ July 31-August 4

\_\_\_ July 11-July 14

\_\_\_ August 7-August 11

\_\_\_ July 17-July 21

Please list child's allergies: \_\_\_\_\_

I verify the above information to be correct.

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

**\* A \$250 deposit is due upon enrollment to hold your child's spot (100% of the deposit goes toward tuition). The tuition is due by June 1<sup>st</sup>.**