



Suzuki Preschool of Newton

Enrollment Form Summer Adventure Camp 2018

1860 Washington Street Auburndale MA 02466

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 24-June 28	___ July 22-July 2			
___ July 1-July 5	___ July 29-August 2			
___ July 8-July 12	___ August 5-August 9			
___ July 15-July 19				

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 1st.**