

OASAP SUMMER 2018 REGISTRATION

Child's Name: _____ Date of Birth: _____

Grade Entering Fall 2018: _____ Is your child on an IEP? Yes _____ No _____
(If yes you must provide OASAP with a copy of most recent one prior to your child attending)

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email _____

Place of Work _____

Work Phone _____ Hours at Work _____

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email _____

Place of Work _____

Work Phone _____ Hours at Work _____

The OASAP Summer Club will run from July 5th through August 10th. The hours will be from 12:00 noon-5:30p.m.. Children attending the town recreation program will be picked up.

\$45 per day one student. \$40 per day per student if more than 1 child and \$40 per student for 4 or more days per week for the whole summer.

\$100.00 non-refundable deposit which will be applied toward tuition is required to hold your spot. A Non-refundable registration fee of \$30.00 due upon enrollment (waived for currently enrolled OASAP families). We will also be charging a field trip fee which will depend on the amount charged for the activity.

OASAP SUMMER CALENDAR 2018

- Field trips are subject to change as we are still confirming dates with businesses.
- Sign-up deadline is May 11th.
- After May 11th we open summer registration to the rest of Orleans Elementary.

Please circle the days you want each week

Week of July 5 th				Th	F
Week of July 9 th	M	T	W	Th	F
Week of July 16 th	M	T	W	Th	F
Week of July 23 rd	M	T	W	Th	F
Week of July 30 th	M	T	W	Th	F
Week of Aug 6 th	M	T	W	Th	F

***Payment Deadlines: Friday May 11th for July weeks; Monday June 11th for Aug weeks.
All accounts must be up to date to enroll your child in the summer program. No child may attend the summer program until summer tuition is paid.

I have read the OASAP Summer registration policies and procedures and agree to all of the terms stated within.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY	
Deposit Paid:	Cash ref # _____ Check# _____ Date _____
*Registration Fee	Cash ref # _____ Check# _____ Date _____