

Summer Splash Application



Child's Name: _____
 Birth Date: _____ / _____ / _____
 Parent(s) Name(s): _____
 Street Address: _____
 City, State, Zip: _____
 Home Phone: (_____) _____
 Cell Phone(s): (_____) _____
 Mom Work Phone: (_____) _____
 Dad Work Phone (_____) _____
 Family E-Mail Address: _____

Emergency / Pickup Authorization #1: _____
 Home Phone: (_____) _____ Cell/Work Phone: (_____) _____
 Emergency / Pickup Authorization #2: _____
 Home Phone: (_____) _____ Cell/Work Phone: (_____) _____
 CHOOSE Session(s): A Minimum Enrollment of One Session is required.
 () July 6 - July 16 () July 19 - July 30 () August 2 - August 13

SCHEDULE	Days** (Please Circle)		Tuition (Bi-Weekly)
3-6 Years: Half Day: 8:30 AM – 12:30 PM	Full Day: 8 AM – 6 PM		
() ½ Day	3 Days/Week	Mon / Tue / Wed / Thu / Fri	\$350.00
() ½ Day	4 Days/Week	Mon / Tue / Wed / Thu / Fri	\$400.00
() ½ Day	5 Days/Week		\$450.00
() Full Day	3 Days/Week	Mon / Tue / Wed / Thu / Fri	\$500.00
() Full Day	4 Days/Week	Mon / Tue / Wed / Thu / Fri	\$550.00
() Full Day	5 Days/Week		\$600.00

**** Please circle the days that your child will attend. No changes can be made to the schedule once the session starts.**

- * Tuition Must Accompany the Application
- * NO REFUNDS after the Start of the session
- * 3% Discount for Complete Payment for All Sessions.
- * 15% Discount for additional Siblings
- * Check or Money Order Only Please

I want my child enrolled in PVM Splash Program _____
 Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Amount Received: \$ _____ Check#: _____ Date: _____

"Inspiring The Passion To Learn!"