



Imagine That Summer Academy Pre-Registration Form

INFORMATION

Child's First and Last Name: _____ Date of Birth: _____

Parent/Caregiver's First and Last Name: _____

Parent's Street Address: _____

Contact Phone Number: _____ Email Address: _____

What school does your child currently attend? _____

Does your child currently attend Imagine That After School Program? If yes, which school _____

Which Summer Location would you like your child to attend? (please circle one)

Dever School

KIPP Academy

Orchard Gardens

Program Overview

5 week session

July 8th to August 9th

8:00am-6:00pm

Grades: K0-5th

2, 3 and 5 full day options available

Registration

Please mark ALL weeks your child is registering for, and the number of days attending per week:

- | | | | | |
|---------------------------------|---|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1 | July 8 th - 12 th | <input type="checkbox"/> 2 days | <input type="checkbox"/> 3 days | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> Week 2 | July 15 th - 19 th | <input type="checkbox"/> 2 days | <input type="checkbox"/> 3 days | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> Week 3 | July 22 nd - 26 th | <input type="checkbox"/> 2 days | <input type="checkbox"/> 3 days | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> Week 4 | July 29 th - Aug 2 nd | <input type="checkbox"/> 2 days | <input type="checkbox"/> 3 days | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> Week 5 | Aug 5 th - 9 th | <input type="checkbox"/> 2 days | <input type="checkbox"/> 3 days | <input type="checkbox"/> 5 days |

Tuition Rates

- Private Rates: 5 days = \$210 wk 3 days = \$125 wk 2 days = \$85 wk
- State funded vouchers accepted

Any outstanding balances need to be paid off prior to enrolling in Summer Academy

- I currently have a state funded voucher I am interested in private rate noted above

There is a \$50.00 non-refundable registration fee to hold your slot; this will be applied to your first week of tuition. We have limited slots, so register now!

Contact Information:

Please submit this form by fax to 978-849-9990, or email to summer@imajinethat.com