St. Joan of Arc Preschool
3801 E. Greenway Rd. Phoenix, AZ 85032
Ph – 602-867-9179
www.stjoanofarc.com

Enrollment Application – Summer Program 2018

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Child's Last Name **First Name** **Sex** **Date of Birth**

_____

Address **City** **Zip**

Mom-_____

Dad-_____

Parent's Name **Telephone** **Email**

Summer Program registration will be on a first-come, first-served basis so register early. Class size will be based on enrollment numbers. Return application as soon as possible so that we can plan accordingly. *There is a one-time registration fee of $25.00*. Payment in full must be made at the time of registration. We accept cash, check, or credit card.

Please mark your choices:

Monday – Friday 8:30am – 11:30am $150.00 per week

_____June 4th _____June 11th _____June 18th

_____July 9th _____July 16th _____July 23rd

Number of weeks = _____

Registration Fee = $__25.00___

Weekly Rate = $_150.00__

Total Amount Due = $_____

Please note: You will be notified if a specific week is cancelled due to low enrollment. You will be refunded for that specific week.

Parent/Guardian Signature_____Date:_____