

BOOST INTO KINDERGARTEN
2024

CHILD'S NAME _____

DATE OF BIRTH _____ Male Female (please circle)

Parent/Guardian #1 Name _____

Parent/Guardian #2 Name _____

Address _____

Best email contact: _____

Parent #1 Phone _____

Parent #2 Phone _____

PLEASE SELECT YOUR WEEKS BELOW AND RETURN THIS APPLICATION ASAP.

- | | | |
|-------|------------------|--|
| _____ | SESSION 1 | June 17,18,19,20, 21
Monday, Tuesday, Wednesday, Thursday, Friday
1:00 PM - 3:30 PM |
| _____ | SESSION 2 | August 5,6,7,8,9
Monday, Tuesday, Wednesday, Thursday, Friday
9:00 AM - 11:30 AM |
| _____ | SESSION 3 | August 12,13,14,15,16
Monday, Tuesday, Wednesday, Thursday, Friday
12:30 PM - 3:00 PM |

The cost for each session is \$275
Sessions may be added, if space is available.