

**BOOST INTO 1ST GRADE**  
**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.**

- |       |                  |  |
|-------|------------------|--|
| _____ | <b>SESSION 1</b> | <b>June 10,11,12,13,14</b><br><b>Monday, Tuesday, Wednesday, Thursday, Friday</b><br><b>1:00 PM - 3:30 PM</b>    |
| _____ | <b>SESSION 2</b> | <b>August 5,6,7,8,9</b><br><b>Monday, Tuesday, Wednesday, Thursday, Friday</b><br><b>12:30 PM - 3:00 PM</b>      |
| _____ | <b>SESSION 3</b> | <b>August 12,13,14,15,16</b><br><b>Monday, Tuesday, Wednesday, Thursday, Friday</b><br><b>9:00 AM - 11:30 AM</b> |

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