

BOOST INTO 1ST GRADE
2025

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	July 7,8,9,10,11 Monday, Tuesday, Wednesday, Thursday, Friday 9:00 AM - 11:30 AM
_____	SESSION 2	July 14,15,16,17,18 Monday, Tuesday, Wednesday, Thursday, Friday 12:30 PM - 3:00 PM
_____	SESSION 3	August 4,5,6,7,8 Monday, Tuesday, Wednesday, Thursday, Friday 9:00 AM - 11:30 AM
_____	SESSION 4	August 11,12,13,14,15 Monday, Tuesday, Wednesday, Thursday, Friday 12:30 PM - 3:00 PM

The cost for each session is \$285
Sessions may be added, if space is available.
EACH SESSION HAS A DIFFERENT CURRICULUM.