CELEBRATION LUNCH PROGRAM
APPLICATION FORM
For Students Entering Our 3's Program

CHILD'S NAME _____

DATE OF BIRTH_____ Male Female (please circle)

Parents'/ Guardians' Name _____

Address _____
Street Town Zip

Parent Email:_____

Home Phone:_____ Cell Phone:_____

Does your child have any allergies? Yes No (please circle)

If yes, please describe the allergy: _____

____ MUSIC MOVING AND MUNCHING
Mondays
$85 per month

_____ BEE FIT
Wednesdays
$85 per month

_____ CREATIVE KIDS
Fridays
$85 per month

Signature of parent/guardian **Date**

_____ _____

Tuition is the same amount for each month. We charge a set price per class. We take the total number of classes throughout the year times the price per class. We then take that amount and divide it by the number of months (9). We do it this way so that you know what amount you pay each month and for our accounting purposes we are receiving the same amount each month.