

BOOST INTO KINDERGARTEN
2026

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 22, 23, 24, 25, 26 Monday, Tuesday, Wednesday, Thursday, Friday 12:30 PM - 3:00 PM
_____	SESSION 2	August 3, 4, 5, 6, 7 Monday, Tuesday, Wednesday, Thursday, Friday 12:30 PM - 3:00 PM
_____	SESSION 3	August 10, 11, 12, 13, 14 Monday, Tuesday, Wednesday, Thursday, Friday 9:00 AM - 11:30 AM

The cost for each session is \$300
Sessions may be added, if space is available.
EACH SESSION HAS A DIFFERENT CURRICULUM.