

WCDS Summer Bridge Program 2018

Registration and Contract Form

Child's Name: _____ Date of Birth: _____ M ___ F ___

Address: _____

Parent/Guardian Name(s): _____

Email Address: _____

Phone: _____

Summer Bridge Dates	1 Day Week \$50	2 Day Week \$100	3 Day Week \$150	Deposit	Total
Tuesdays - Thursdays	Age 3-5	Age 3-5	Age 3-5		
	9 AM-2 PM	9 AM-2 PM	9 AM-2 PM		
June 4-June 8					
June 11-June 15					
June 18-June 22					
June 25-June 29					
July 2-July 6 WCDS is closed July 4*					
July 9-July 13					
July 16-July 20					
July 23-July 27					

* WCDS is closed July 4th

A deposit of \$50 per week is required with this registration form. Deposits will be applied to amount due. Students will not be allowed to begin a weekly session with a balance due on their account. If you withdraw your child after a summer session begins, refunds will be considered at the discretion of the Head of School. All sessions are on a first come, first served basis. If space is unavailable, you will be notified, and your deposit will be refunded; the deposit can also apply to another session.

Check Enclosed: ck# _____ Amount: \$ _____ Total Cost: \$ _____ Balance Due: \$ _____

OFFICE USE ONLY: IDENTITY VERIFICATION

Place of Birth	Date of Birth	Birth Certificate #	Date of Issue	Signature of WCDS Staff

Signature of Parent or Guardian: _____ Date: _____