



Sharon Presbyterian Weekday
School and Kindergarten
“Planting seeds that grow forever”

5201 Sharon Road
Charlotte, North Carolina
28210-4797

SPWS SUMMER CAMP 2010

APPLICATION FOR ENROLLMENT-Limited spaces. Confirmation will be emailed to you.

Name of Child _____ Birth Date _____

Sex of Child: M _____ F _____ Sharon Presbyterian Church Member? Yes _____ No _____

Current SPWS family? Yes _____ No _____ T-Shirt Size _____

If not at SPWS, please note school that child has attended, if any _____

Address _____ Zip _____

Telephone _____ Email address _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

To ensure that your child receives maximum benefit from our program, please describe your child's special needs (i.e. food or other allergies, social skills delay, physical challenges, etc.)

If you are requesting for your child to be in the same class with another child of the same age, please indicate here:

(We can not guarantee the same class, but will try to accommodate requests.)

Registration Fee paid (check #) _____ Program fee paid (check #) _____

Registration fees are \$30 for 1 week, \$40 for 2 weeks, \$50 for 3 or 4 weeks.

Please check weeks attending: July 6-8 _____ July 13-15 _____ July 20-22 _____ July 27 – 29 _____

All registration fees are non-refundable. Full program fee is due by May 1, 2010. After payment, there are no refunds; no discounts for vacation, sick days, etc. One week is \$80, two weeks, \$160, three or four weeks, \$225, in addition to the registration fee.

(Fees include our Special Sensory & Activity Studio.)

Signature _____ Date _____