



Registration Form: Summer 2017
July 10th – August 11th

Name of Child: _____

Date of Birth: ____/____/____ Gender: M _____ F _____

Name of Parent(s)/Guardian(s): _____

Address: _____

City, State, Zip Code: _____

Email: _____ Alternate Email: _____

Phone: _____ Alternate Phone: _____

Child currently applying has previously attended WOF: Yes _____ No _____

Siblings: _____

Siblings who have attended WOF: _____

How you heard about us: _____

Please indicate the schedule of your choice:

Days	Time	Tuition/Week	Dates	
___ M-F	9-11:45	\$335	___ Week 1: July 10th - July 14th	___ Week 4: July 31st - August 4th
___ MWF	9-11:45	\$275	___ Week 2: July 17th - July 21st	___ Week 5: August 7th - August 11th
___ TTH	9-11:45	\$245	___ Week 3: July 24th - July 28th	

- Customize your schedule: choose the weeks and days that work best for you.
- Please complete this form and return with your payment in full. **There is no registration fee.**
- In the event of cancellation up until 5/1/17, 50% of your payment will be withheld. After 5/1/16, there will be no refund.

Total number of weeks: _____

Weekly tuition: \$ _____

Total tuition: \$ _____

Parent/Guardian Signature: _____

Date: _____