

FOR OFFICE USE ONLY			
Registration Fee Paid			
Date Received			

## **Summer Program 2023 Registration Form**

Child's Name			
Address			
City		State	Zip
Date of Birth	Allergies		
Parent's Names			
Phone Number(s)			
Program your child will be attending	:		
Primary Half Day	Prim	Primary Full Day	
Toddler Four Day/Half Day	Todd	Toddler Four Day/Full Day	
Toddler Five Day/Half Day	Toddler Five Day/Full Day		
Please indicate below which session( NOTE: CSM will be closed on Monday,			or those days.
June 5 – June 9		July 10 - July 14	
June 12 - June 16		July 17 - July 21	
June 19 - June 23		July 24 - July 28	
June 26 - June 30		July 31 – August 4	
your child enrolled in the Year-Round E	Extended Day program? _		
lease return this form ASAP to the office ater decide to attend additional weeks, tudents who are new to CSM will also n	please let us know as soon	as possible. Spaces are limited	•
he weekly tuition is payable on the first	day of the program. Year-I	Round students will be billed at	t their regular rate.
Sunrise Club (7:30 am to 8:30 am) N Sunset Club (3:30 am to 6:00 pm) \$	_		