

St. Joan of Arc Preschool & Kindergarten 3801 E. Greenway Rd. Phoenix, AZ 85032

3801 E. Greenway Rd. Phoenix, AZ 85032 Ph – 602-867-9179 www.stjoanofarc.com

Enrollment Application – Summer Program 2024

| Child's Last Name | First Name | Sex | Date of Birth |
|---|--|---------------------------|-------------------------|
| Address | | City | Zip |
| Mom- | | | |
| Dad- | | | |
| Parent's Name | Telephone | Email | |
| Summer Program registrati will be based on enrollmen | | _ | • |
| accordingly. There is a one | | | • |
| made at the time of registr | | - | ,, |
| Please mark your choices: | | | |
| riease mark your choices. | | | |
| Monday – Friday 8:30a | m – 11:30am | \$150.00 per week | |
| June 3th | June 10 th | June 17 th | |
| July 8 th | July 15 th | July 22 th | |
| Aug. 5 th | Aug. 12th | | |
| Number of weeks = | | | |
| Registration Fee = \$_25.00 | | | |
| Weekly Rate = \$_150.00 | <u>) </u> | | |
| Total Amount Due = \$ | | | |
| Please note: You will be notif for that specific week. | ied if a specific week is cance | lled due to low enrollmen | t. You will be refunded |
| Parent/Guardian Signature | | Date | e: |