



# SIMPLY...SPARE TIME

Quality Childcare You Can Count On

## After-School Program INITIAL REGISTRATION FORM

STUDENT'S LAST NAME

FIRST NAME

AGE OF STUDENT AT TIME OF REGISTRATION \_\_\_\_\_

STUDENTS' GRADE LEVEL IN THE FALL OF 2009:

K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

School attending in Fall of 2009: \_\_\_\_\_

Transportation needed by Simply Spare Time: yes \_\_\_\_\_ no \_\_\_\_\_

PARENT/GUARDIAN CONTACT INFORMATION:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

- **NON-REFUNDABLE: \$75.00 REGISTRATION/DEPOSIT FEE DUE AT THE TIME OF INITIAL REGISTRATION.**
- **FEE FOR MONTHLY TUITION: \$400.00 PER MONTH. TRANSPORTATION ADDITIONAL \$100 PER MONTH**
- **10% SIBLING DISCOUNT FOR SECOND CHILD**

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

NAME (Printed): \_\_\_\_\_

**Please make checks payable to Simply...SpareTime, Inc. and mail checks and registration form to:  
Jennifer Streaks, Esq., Treasurer. 1934 Old Gallows Rd. STE 350.Vienna, VA 22182**



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[www.simplysparetime.org](http://www.simplysparetime.org)

