

Family Information

Parent/Guardian Name	Date of Birth			Race/Ethnicity
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Address	City	State	Zip	Phone
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Occupation	Place of Employment			
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Business Address	City	State	Zip	Phone
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E-mail Address

Co-Parent/Guardian Name	Date of Birth			Race/Ethnicity
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Address	City	State	Zip	Phone
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Occupation	Place of Employment			
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Business Address	City	State	Zip	Phone
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E-mail Address

Language spoken at home: _____

Child lives with: () parent/guardian () co-parent/guardian () both () other

How did you hear about our program? _____

Scholarship Program Information

In an effort to offset child care costs for families who would not be able to afford the tuition, we have implemented a tuition assistance program. Assistance is provided to families who qualify, as funds are available. **Priority for assistance is given to families of children with special needs and families considered low income based on the federal poverty guidelines.** Additional information and applications are available by contacting the Director of Children's Services or the Director of Finance and Operations.

I am interested in receiving scholarship information

Summer Camp 2010: (check dates child would attend)

_____ *Session 1: June 1-4 "All About My Community"

_____ Session 2: June 7-11 "Amazing Arts"

_____ Session 3: June 14-18 "Discovery Science"

_____ Session 4: June 21-25 "Fantastic Food"

_____ Session 5: June 28-July 2 "Summer Fun"

_____ *Session 6: July 6-9 "Dramatic Discovery"

_____ Session 7: July 12-16 "Georgia Exploration"

_____ Session 8: July 19-23 "The Outside World"

_____ Session 9: July 26-30 "The Animal Kingdom"

*note: Camp closed for Memorial Day on Monday, May 30th and the Fourth of July on Monday, July 5th. These sessions are offered at a reduced rate of \$150.

Number of sessions (2-5, 7-9) registered for = _____ x \$190 = _____ total amount due

Number of sessions (1 or 6) registered for = _____ x \$150 = _____ total amount due

_____ **TOTAL FOR SUMMER**

Total for summer _____ x 50% = _____ due by Friday, April 30th

Remaining balance _____ due by Tuesday, June 1st

For billing related inquiries, please contact Caroline Richburg at c.richburg@thefraziercenter.org or 404.377.3836 ext. 39

The Frazer Center Child Development Program admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded and made available to students of the Center. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, and school-administered programs. The Frazer Center subscribes to inclusion principles and tries to ensure a floor of at least 30% children with special needs.

Please enclose non-refundable application fee of \$50.

Parent/Guardian Signature

Date