



Registration Form / After School

Art Room Inc. 6462 College Rd. Lisle, IL 60532 Tel: (630) 778-9825 www.myartrooms.com Email: lxu@artroominc.com

<p>After School</p> <p>Hours: 2:30pm - 6:15pm</p> <p>No school day hours: (7:00am – 6:15pm)</p> <p>10% off for each sibling</p> <p>Half day: \$15 additional</p>	<p>5 Days: \$145 per week No school day: \$30 additional</p> <p>4 days: \$124 per week No school day: \$30 additional</p> <p>3 days: \$98 per week No school day: \$32 additional</p> <p>2 days: \$72 per week No school day: \$35 additional</p> <p>1 day: \$36 per week No school day: \$35 additional</p> <p>Pay tuition monthly</p>
<p>Summer Break or Camp Spring Break or Camp Winter Break or Camp (Hours: 7:00am – 6:15pm)</p>	<p>\$300 per week (include art supply. Snacks. Not include other activity fee)</p>

Parent Obligations:

- A nonrefundable registration fee of \$75 per child or \$105 for two or more new children, or \$50 per returning child and \$75 for two or more returning children paid at the time of application.
- Tuition fees are not subject to pro-ration for illness, holidays or emergency.
- Two week’s written notice is required for children leaving our program.
- \$100 deposit is required for admission into program.

Child’s Name _____ Child’s DOB _____

Program _____ Days requested – M T W TH F Desired Start Date _____

Parent or Guardian Name _____

Parent or Guardian Address _____

Any known allergies or special needs _____

Home Phone _____ Mom Work _____ Cell _____

Dad Work _____ Cell _____

E-mail: _____

How did you hear about Art Room ? _____ Referred by _____

Parent/Guardian Signature _____ Date _____