



PreK Summer Program Enrollment Confirmation Form

This form must be printed and returned to the Program Coordinator to confirm registration. Your child's spot is not guaranteed until this form is received. Space will be filled on a first come, first served basis.

Student Name: _____

Step 1: Select the week(s) and day-length option for which you have registered for online.

Check:	Registered For:	Day Length:	Deposit Amount Due:
✓			
✓	Registration & Activities Fee <i>(One-time fee; applies to all)</i>		\$50
	Week 1 (June 21 - 25)	<input type="checkbox"/> Full Days <input type="checkbox"/> Half Days	\$25
	Week 2 (June 28 - July 2)	<input type="checkbox"/> Full Days <input type="checkbox"/> Half Days	\$25
	Week 3 (July 5 - 9)	<input type="checkbox"/> Full Days <input type="checkbox"/> Half Days	\$25
	Week 4 (July 12 - 16)	<input type="checkbox"/> Full Days <input type="checkbox"/> Half Days	\$25
	Week 5 (July 19 - 23)	<input type="checkbox"/> Full Days <input type="checkbox"/> Half Days	\$25
	Week 6 (July 26 - 30)	<input type="checkbox"/> Full Days <input type="checkbox"/> Half Days	\$25
	Week 7 (August 2 - 6)	<input type="checkbox"/> Full Days <input type="checkbox"/> Half Days	\$25
	Week 8 (August 9 - 13)	<input type="checkbox"/> Full Days <input type="checkbox"/> Half Days	\$25
Enter Total Deposit Amount Due Here:			

Step 2: Write the **Total Deposit Amount** Due (copied from above): _____

Step 3: Select Method of Payment:

- CHECK:** Check must be attached to this form. (Check # _____)

- DRAFT:** I authorize Salisbury Christian School to draft the amount listed above from my checking/savings account; the specific date draft will be confirmed by the Business Office prior. *(A Direct Payment Authorization Form for Tuition, Facility Fee, and Annual Family Enrollment Fee must already be on file in the Business Office in order to select this option.)*

- CREDIT CARD:** I have completed payment via credit card on the SCS website. *(3% convenience fee applies. This form should be returned to school after credit card payment has been made and prior to the Form Due Date listed above. Please provide your Transaction # _____)*

Printed Name

Signature

Date