

## Summer Program @ Atrium 2010 Registration

Child's name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Please indicate the weeks you are attending:

June 14-18      \_\_\_\_\_      \$375

June 21-25      \_\_\_\_\_      \$375

June 28- July 2      \_\_\_\_\_      \$375

July 6-9      \_\_\_\_\_      \$375

**Total Fee Enclosed**      \_\_\_\_\_

Please make checks payable to The Atrium School with the words: Summer Program in the memo.

You may also sign up for any combination of 5 or 10 days that fits your schedule.

5 days      \$375

10 days      \$750

Please email your schedule to [ccopeland@atrium.org](mailto:ccopeland@atrium.org)

We use the 2009-2010  
school year emergency information .  
Please let us know of any changes.

**Please return this form to the After School Mailbox**

**Any questions: [ccopeland@atrium.org](mailto:ccopeland@atrium.org)**

# Registration and Summer Tuition Due by: Friday, March 12th