ACE SUMMER PROGRAM 2024

Child's	s Name:	Please circle:	Boy	Girl	
Birthda	date:Grade student will be entering in	Aug, 2024:			
Parent	ts' Names:				
Mom N	Mobile Number:Dad Mobile	Dad Mobile Number:			
Addres	Address (street, city, zip):				
Email a					
<mark>enrolli</mark> School Our cu	r summer program is offered exclusively to our existing students as well as new students who will be rolling for our 2024-2025 school year program. We only accept students attending Lakewood Elementary nool. The summer program will have a minimum of 30 and a maximum of 40 students. I current students will begin enrolling for the summer program on Monday, February 12 th . Return this form da \$40 enrollment fee. Don't delay! We will enroll on a first-come first -served basis. SUMMER CARE REGISTRATION I would like to enroll my child for the ACE Summer program. Dates of operation are June 17-August 1, Monday thru Friday, 8:00 am – 4:00 pm. We will be closed on July 4-5. Students enrolled in the program will attend Lakewood Methodist Vacation Bible School the week of June 24 th . No travel				
	SUMMER CARE REGISTRATION				
	Monday thru Friday, 8:00 am – 4:00 pm. We will be close	ed on July 4-5. Stude School the week of 90 and will be split it method we have o syments over 3 equal er drop-in days or w ur child will miss da	ents enrol June 24 th nto two e n file and al drafts, v reeks. Enro ys, you ar	led in the No travel equal payments. will occur on we can add May ollment and e still financially	
	Please select your preferred payment installment dates:				
	I would like to pay the \$990 over 2 equal installmoduly 12 th	ents to be drafted/o	charged o	n June 14 th &	
	I would like to pay the \$990 over 3 equal installmed 14th and July 12th	ents to be drafted/o	charged o	n May 31 st , June	
	For Office Use Onl	l y			
Date:_	Summer Enrollment Fee pd:	Check #	‡		