

Primrose Garden Summer Programs
Registration Form 2018

Name _____
 Grade _____
 School _____
 DOB _____
 Gender _____
 Name of Parent _____
 Email _____
 Phone _____
 Address _____
 Non-refundable deposit \$100 for a session
 \$100 x _____ = _____

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Session1	Session2	Session3	Session4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/4-6/8	6/11-6/15	6/18-6/22	6/25-6/29
Mon-Fri	Mon-Fri	Mon-Fri	Mon-Fri
9am-3pm	9am-3pm	9am-3pm	9am-3pm
Earth	Fire	Water	Air
<input type="checkbox"/> Before care	<input type="checkbox"/> Before care	<input type="checkbox"/> Before care	<input type="checkbox"/> Before care
<input type="checkbox"/> After care	<input type="checkbox"/> After care	<input type="checkbox"/> After care	<input type="checkbox"/> After care

Check and mail the form with the deposit to
Primrose Garden Summer Program
PO Box 111308 Anchorage, AK 99511

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