

PARENT NAME: (PLEASE PRINT) _____

KID CENTRAL TUITION FEES

CHILD'S NAME: _____ **GRADE:** _____ **REGISTRATION FEE: \$35 first child \$10 extra each additional child**

Dept.	Class	Duration of class	Rate	Parent Signature
CAMPAWOL	Reading Basic Skills Grade 1 - 6	8 days 6/14-25 8:30-11:30	\$135	
	Math Basic Skills Grade 1 - 6	8 days 6/28-7/9 8:30-11:30	\$135	
	Writing Basic Skills Grades. 7-8	8 days 6/28 - 7/9 8:30 - 11:30	\$135	
CAMP COOL	Basic Camp	8:30 - 3:45	\$55 wkly*	
		6:00-6:00	\$69 wkly*	
	Field trips	TBA	\$3-\$10 wkly	
CAMP SPARK	Fitness Foundation I & II	4 wks	\$10 wkly	
	Indoor & Outdoor Soccer	8 wks	\$15wkly	
	Basketball Skills	8 wks	\$15 wkly	
	Kids Aerobicize	8 wks	\$8 wkly	
	Street Olympics	8 wks	\$10 wkly	
	Swim Lessons & Competitions (7 & up)	8 wks	\$10 wkly	
	Weight Training	8 wks	\$20 wkly	
	Boxing Training	8 wks	\$15 wkly	
	Hip Hop Dance	8 wks	\$10 wkly	
	Tae Kwon Do	8 wks	\$10 wkly	
	GLOW (Girls & Ladies Workouts Only)	8 wks	\$10 wkly	

Your signature denotes your agreement to pay the noted fees unless your child is absent for the whole week.

*or NCI Co-Pay

Date signed: _____