

KINDERGARTEN ENRICHMENT PROGRAM

2 WEEK PROGRAM

Week 1: July 17th to July 21st | Week 2: July 24th to July 28th

Time: 1:30 p.m. to 4:30 p.m. **Cost:** \$250

Student Name: _____ Parent Name _____

Phone Number: _____ Email: _____

I understand that this is a two week Kindergarten Enrichment program, separate from normal classroom routine/tuition rates, and must be paid in advance to secure a spot.

Parent Signature _____ Date _____

Please check the top 3 areas you feel your child may need growth in:

- Alphabetic Knowledge (letter recognition, sounding out letters etc.)*
- Writing (writing their name, letters, numbers)*
- Mathematics (Counting to 10 or above, identifying numbers/shapes, sorting, and patterns)*
- Fine Motor Development (holding/grasping a pencil, cutting with scissors, playdough exploration, pincer grasp activities etc.)*
- Gross Motor Development (Body movements, moving large/small objects, running, jumping, etc.)*
- Self-Help/Following Direction/Routine (Personal care, multi-step directions, sequencing, etc.)*
- Social and Emotional Development (Identifying emotions, self-awareness, building relationships with adults/children, community, and conflict resolution)*
- Creative Arts (Art exploration, color recognition, music and movements, pretend play etc.)*

Other:

OFFICE USE ONLY

Early Bird \$225 (Paid by Monday April 10, 2023)

Form Turned in on: _____

\$250 (Paid after April 4th)

Director Initial: _____

CASH **CHECK** **CHARGE ON BRIGHTWHEEL**

INVOICE SENT