

KINDERGARTEN ENRICHMENT PROGRAM

2 WEEK PROGRAM

Week 1: June 1-5 | Week 2: June 8-12

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 March 1st)**
- \$250 (Paid after March 1st)**
- CASH** **CHECK** **CARD**
- INVOICE SENT**

Form Turned in on: _____

Director Initial: _____