

Registration Form For K-5

Please print. Make copies for each additional child.

Child's Name _____

Grade Completing 08-09 year _____ Birthdate _____ / _____ / _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____

Mom's work _____ Dad's work _____

A cell phone number _____ Evening Phone _____

K-5 Registration

() Check your child's grade group: K/1 2/3 4/5

♦ Grade group is based on the grade your child **completed** as of May 31, 2009

June 8-12 - Session I one week session

1st period - 1st choice title _____

2nd period - 1st choice title _____

3rd period - 1st choice title _____

June 15-19 - Session II one week session

1st period - 1st choice title _____

2nd period - 1st choice title _____

3rd period - 1st choice title _____

July 6-10 - Session III one week session

1st period - 1st choice title _____

2nd period - 1st choice title _____

3rd period - 1st choice title _____

July 13-17 - Session IV one week session

1st period - 1st choice title _____

2nd period - 1st choice title _____

3rd period - 1st choice title _____

July 20-24 - Session V one week session

1st period - 1st choice title _____

2nd period - 1st choice title _____

3rd period - 1st choice title _____

3 Ways to Register

Mail this form with your payment to Continuing Education, ASU, 2500 Walton Way, Augusta, GA 30904

Fax to (706)731-7960
Child is not considered registered until payment is received. Mail a check to above address or call with credit card info.

Credit card -call 706-737-1636 (M-F 8-4:30 PM) or register online at www.ced.aug.edu

Important Forms

Download registration and other required forms at www.ced.aug.edu

See page 7 for details on required forms and our KU Drop in/Drop Off.

Fees per child

() ½ day full day extended care

K-5 half day: Each Session - \$95

K-5 full day*: Each Session - \$155

Extended care: 1 week/\$12

* **Multiple Week Discount for Full day:** \$20 discount per week per registration for weeks 2-5 after registering at full price for week 1. Example: 1 week=\$155; 2 weeks=\$155+\$135=\$290

* **Sibling discount:** \$15 for 2nd and 3rd child registered in same full day session.

Method of payment

No child is considered registered until payment is received.

Check payable to ASU-CE (Include Drivers License #) **Total fees:\$** _____

MC VISA # _____

ExpDate: _____ CVV# _____

Card Holders' name: Print _____

Signature: _____ Date: _____