



2860 SE Holgate Blvd., Portland, OR 97202

2009 SUMMER SCHOOL

- Ages 3 to 11 (Open to the public)
- June 22nd through July 31st
- Classes are Monday through Friday (8:30 am to noon)
- Before and After Care Available (8:00 am to 3:00 pm)
- Tuition is \$575.00
- Registration Deadline: May 1, 2009 or until capacity reached.

Healthy Mind, Body & World

Children will thrive with our academic curriculum coupled with fun activities, which will focus on healthy living and a healthy world. Students and staff will embark on a voyage to create healthier bodies, neighborhoods and communities through the exploration of topics such as:

Water cycle

Local nature and ecology

Community service and stewardship

Recycling and living greener lives

Gardening and sustainability

and

Fun Summer Sports Activities with Jerry



For additional information, please contact Christie Boyd at (503) 235-6551 x 109.



STATEMENT OF INTENT TO ENROLL 2009 Summer School

General Information:

- Ages 3 to 11 (Open to the public)
- June 22nd through July 31st
- Tuition is \$575.00
- Sessions are M-F (8:30 a.m. to noon)
- Limited enrollment
- Experienced/Certified Early Education & Elementary Tucker-Maxon Staff
- Academic curriculum coupled with fun activities, which will focus on healthy living and a healthy world.
- Summer Sports Activities with Jerry

Extended Care:

- Available at 8:00 a.m. and ending at 3:00 p.m.
- \$2.80 per half hour or any portion thereof

Payment Agreement:

This signifies my/our intent to enroll _____ in the 2009 Tucker-Maxon
(Child's First & Last Name)

Summer School Program. I/We are including a **\$75.00 non-refundable deposit** to reserve a place for my/our child. I/We understand that the deposit will be used toward the cost of tuition, and that the remainder of the tuition will be due by June 22, 2009. (If your child is not admitted, your deposit will be returned.)

Parent Signature: _____ Date: _____

(Print First & Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone #: _____ E-Mail: _____

Child's Name _____ Child's Birth Date: _____ Age: _____

Extended Care:

Please enroll my child for Before Care _____
days and approximate time

Please enroll my child for After Care _____
days and approximate time

**Please return this form to the School Office by May 1st, 2009.
Thank you!**