

DECC Afternoon Enrichment Programs 2008-2009

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Registration is by the session and a check must accompany your form. There are no refunds given for days missed. If you are not a morning student at DECC, please contact the office so that we may provide you with the necessary health and emergency forms for your child. Eight children must be enrolled for the class to be available.

Session I			11:45-2:45	1:00-2:45	No School
			Bring lunch		
Mondays	September 8-October 27	8 weeks	\$ 192.00	\$ 128.00	
Tuesdays	September 9-October 28	5 weeks	\$ 120.00	\$ 80.00	9/30,10/14 & 10/21
Wednesdays	September 10-October 29	8 weeks	\$ 256.00	\$ 192.00	
Thursdays	September 11-October 30	7 weeks	\$ 168.00	\$ 112.00	10/9
Fridays	September 12-October 31	8 weeks	\$ 256.00	\$ 192.00	
Session II					
Mondays	November 3-December 15	6 weeks	\$ 144.00	\$ 96.00	11/10
Tuesdays	November 4-December 16	7 weeks	\$ 168.00	\$ 112.00	
Wednesdays	November 5-December 17	6 weeks	\$ 192.00	\$ 144.00	11/26
Thursdays	November 6-December 18	6 weeks	\$ 144.00	\$ 96.00	11/27
Fridays	November 7-December 19	6 weeks	\$ 192.00	\$ 144.00	11/28
Session III					
Mondays	January 5-Feb 23	6 weeks	\$ 144.00	\$ 96.00	1/19 & 2/16
Tuesdays	January 6-February 24	7 weeks	\$ 168.00	\$ 112.00	2/3
Wednesdays	January 7-February 25	8 weeks	\$ 256.00	\$ 192.00	
Thursdays	January 8-February 26	8 weeks	None	\$ 192.00	
Fridays	January 9-February 27	8 weeks	\$ 256.00	\$ 192.00	
Session IV					
Mondays	March 2-May 18	10 weeks	\$ 240.00	\$ 160.00	3/16 & 4/27
Tuesdays	March 3-May 19	11 weeks	\$ 264.00	\$ 176.00	3/17
Wednesdays	March 4-May 13	9 weeks	\$ 288.00	\$ 216.00	3/18 & 4/15
Thursdays	March 5-May 7	8 weeks	None	\$ 192.00	3/19, 4/9 & 5/14
Fridays	March 6-May 15	9 weeks	\$ 288.00	\$ 216.00	3/13 & 3/20

Enclosed find my check for \$ _____ to sign-up my child _____ for the following afternoons. My name is _____.

My phone, cell and email are _____.

Session _____ Mondays \$ _____ Thursdays \$ _____

Tuesdays \$ _____ Fridays \$ _____

Wednesdays \$ _____ TOTAL COST IS: \$.