Acacia Academy

6425 S. Willow Springs Road
La Grange Highlands, Illinois 60525
Phone: 708 579-9040 Fax: 708 579-5872

Summer Grade School Enrollment Form

LAST NAME	FIRST	AGE	GRADE	REFERRAL SOURCE

BIRTH DATE: _____ **HOME PHONE:** _____

ADDRESS: _____ _____ _____ _____
Street City State Zip

FATHER: _____ **BUS. #:** _____ **CELL #:** _____

MOTHER: _____ **BUS. #:** _____ **CELL #:** _____

CIRCLE WEEKS (minimum two)

Week 1 Jun 14-18	**Week 2 Jun 21-25**	**Week 3 Jun 28-Jul 2**
Week 4 Jul 5-9	**Week 5 Jul 12-16**	**Week 6 Jul 19-23**

Choose a 2 to 6 week program….Weeks do *not* have to be consecutive.
Full payment is due at enrollment

$425.00/Week

TUITION FEES: _____ _____ _____
Date Paid Ck # or Cash

REGISTRATION: **Enrollment Date:** _____

I authorize placement of my child (above named student) in the class/classes indicated above. I understand that his/her enrollment is dependent upon payment of his/her tuition and fees in advance of instruction.

Parent/Guardian _____ Date _____