

Schedule

Week 1: June 11-16

Nature Play

Week 2: June 18-22

Ocean Devotion

Week3: June 25-29

Feather Frenzy

***Week4: July 2-6**

Fantasy Friends

Week5: July 9-13

Come to the Carnival

Week6: July 16-20

The Big Build

Week7: July 23-27

Monster Mash

Week8: July 30-Aug 3

Whale's Tales

Week9: Aug 6-10

Bugs! Bugs! Bugs!

Week10: Aug 13-17

Junk to Funk

* closed on July 4th for holiday



The philosophy and guiding principles of The Partnership School of Cape Cod teach the whole child through:

- A partnership among educators, parents and children
- A respect of self, others and the greater community
- A relationship based on mutual trust among all members of our community
- A strong educational experience where each child is able to reach his or her full potential.

17 Nell's Way, Orleans, MA 02653

774-801-2287

www.thepartnershipschool.org



SUMMER 2018

June 11-August 17

- New themes each week
- "Back to basics" fun
- Music, art and movement
- Nature-based activities
- Small, nurturing environment
- Suitable for ages 3-9



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FEES

Half Day (9-12:30)

Full day (9-3)

After Care (3-5)

2 DAY PROGRAM

(Tuesday & Thursday)

Half Day \$100.00 per week

Full Day \$ 130.00 per week

3 DAY PROGRAM

(Monday, Wednesday & Friday)

Half Day \$ 140.00

Full Day \$ 185.00

5 DAY PROGRAM

(Monday-Friday)

Half Day \$230.00

Full Day \$305.00

AFTER CARE

(3:00-5:00 PM)

\$20.00 daily

FEE & REFUND POLICY

- Registration will not be processed unless accompanied by full payment.
- \$50 of tuition is a non refundable administrative fee
- No refunds or credits for cancellations, absences or withdrawals.
- Sessions are not pro-rated for missed days.

Summer Program at The Partnership School of Cape Cod 2018

June 11-August 17

Please complete one application per child. Payment in full must accompany applications. Mail completed applications with check or credit card number to The Partnership School of Cape Cod, 17 Nell's Way, Orleans, MA 02653.

(Please print) Child's Last Name _____ First Name _____ DOB _____ M/F _____
Parent/Guardian Name _____ Phone _____
Email _____
Street _____ Town _____ State _____
Zip Code _____

Please circle all the choices that apply.

Week #1 NATURE PLAY

2 Day (T,TH) , 3 Day (M,W,F) , 5 Day (M-F) : Half Day (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #2 OCEAN DEVOTION

2 Day (T,TH) 3 Day (M,W,F), 5 Day (M-F) :Half Day (9-12:30), Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #3 FEATHER FRENZY

2 Day (T,TH) , 3 Day (M,W,F), 5 Day (M-F) :Half Day , (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #4 FANTASY FRIENDS

2 Day (T,TH) , 3 Day (M,W,F), 5 Day (M-F) :Half Day , (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #5 COME TO THE CARNIVAL

2 Day (T,TH) , 3 Day (M,W,F), 5 Day (M-F) :Half Day , (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #6 THE BIG BUILD

2 Day (T,TH) , 3 Day (M,W,F), 5 Day (M-F) :Half Day , (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #7 MONSTER MASH

2 Day (T,TH) , 3 Day (M,W,F), 5 Day (M-F) :Half Day , (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #8 WHALE'S TALES

2 Day (T,TH) , 3 Day (M,W,F), 5 Day (M-F) :Half Day , (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #9 BUGS, BUGS, BUGS!

2 Day (T,TH) , 3 Day (M,W,F), 5 Day (M-F) :Half Day , (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

Week #10 JUNK TO FUNK

2 Day (T,TH) , 3 Day (M,W,F), 5 Day (M-F) :Half Day , (9-12:30) , Full Day (9-3) , After Care (3-5) Fee \$ _____

TOTAL \$ _____

Payment in full is required for registration. Check # _____ or Visa, MC # _____
Exp. Date _____ CID# _____ Signature of Cardholder (required) _____

- If you are signing up for more than 5 weeks please contact Stephanie (stephanie@thepartnershipschool.org) for payment options . Thank you!