

2015 Summer Advantage Program Registration Form

Parent's Name: _____

Phone: _____

Child(ren)'s Name, Age, & D.O.B.*

Email: _____

(*if siblings are not attending the same days, please submit forms separately)

Pfizer Kids

235 East 42nd St, New York, NY 10017

Phone: 212 733 5040

Fax: 212 733 5055

Center E-Mail: pfizerkids.nyc@brighthorizons.com

Center Website: www.brighthorizons.com/pfizerkidsbackup



Please mark your priority weeks (1 as most needed) and circle the days requested for each week.

	Priority	Please Circle Day(s)				
		Mon	Tues	Wed	Thu	Fri
Session 1: June 29-July 2	_____	29	30	1	2	3 <i>Closed</i>
Session 2: July 6 - 10	_____	6	7	8	9	10
Session 3: July 13 - 17	_____	13	14	15	16	17
Session 4: July 20 - 24	_____	20	21	22	23	24
Session 5: July 27 - July 31	_____	27	28	29	30	31
Session 6: August 3 - 7	_____	3	4	5	6	7
Session 7: August 10 - 14	_____	10	11	12	13	14
Session 8: August 17 - 21	_____	17	18	19	20	21

Thank you for your interest in our Summer Advantage Program. We are currently evaluating all requests and will be sure to inform you of your status in a timely manner.

**Space for each age group is limited, and although we will make every attempt to accommodate your choices, are you flexible in attending other suggested sessions? __yes __no*

Please provide us with any other necessary information we may need when scheduling sessions.

Parent's Signature: _____

Date: _____

For Staff Use

Received

Confirmed / Waitlisted

Notified Parent

Staff Initials/Date

Notes:
