



THE ACHIEVEMENT CENTER
 10 Ridge Road • Box 315
 Horseheads, New York 14845
 (607) 739-3894 • Fax 739-3895



**Enrollment for
 2017 SUMMER PROGRAM**

STUDENT _____ GRADE in Fall of 2017 _____

STUDENT _____ GRADE in Fall of 2107 _____

FOR EACH SESSION CHOOSE: DAY(S) AND TIMES (8:30, 9:30, 10:30, 11:30)
 (some afternoons available also, please ask)

SESSION 1 (Monday, July 10 - Thursday, July 20, 2017)

Week # 1

Time : M: _____ T: _____ W: _____ TH: _____ (2nd Choice) _____

Week # 2

Time : M: _____ T: _____ W: _____ TH: _____ (2nd Choice) _____

SESSION 2 (Monday, July 31 - Thursday, Aug. 24, 2017)

Week # 1

Time : M: _____ T: _____ W: _____ TH: _____ (2nd Choice) _____

Week # 2

Time : M: _____ T: _____ W: _____ TH: _____ (2nd Choice) _____

Week # 3

Time : M: _____ T: _____ W: _____ TH: _____ (2nd Choice) _____

Week # 4

Time : M: _____ T: _____ W: _____ TH: _____ (2nd Choice) _____

I elect to make payments by the:

___ Family Tuition Plan: (\$45.00 per lesson paid at 1st of each session)

___ Single Lesson Plan: (\$55.00 payable at each lesson)

Enclosed is the registration fee of **\$50 for each session** to be applied toward tuition of each session. Balance is to be paid on/or before the 1st day of each session. **Please note the registration fee is non-refundable.**

Date: _____ Signature: _____

Home Phone: _____ Print Name: _____

Work Phone: _____ Address: _____

Email Address: _____