



2008-2009 Registration Form

Child's Name _____

Grade _____ Date of Birth ___/___/___ Age _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Please indicate the best way to contact the parent between 2:00 to 6:00 p.m. from the above information.

Parent/Guardian Name _____

Mailing Address (if different from student) _____

Home Telephone (____) _____ Work Telephone (____) _____

Cell/Pager (____) _____ E-mail _____

School Name _____ School Telephone _____

Principal's Name _____ Dismissal Time _____

Registration fee:	\$ 25.00
Tuition:	\$ 15.00 per day
Supply Fee:	\$ 10.00 per child

Please select one schedule of the three schedules provided and indicate beginning or intermediate:

- Monday through Friday
 ____ Beginning ____ Intermediate
- Monday, Wed & Friday
 ____ Beginning ____ Intermediate
- Tuesday and Thursday
 ____ Beginning ____ Intermediate
- Class Flex Plan: write in the days you wish to attend: _____
 ____ Beginning ____ Intermediate

Please indicate whether your child will be participating in (select one or the other):

- Homework Guidance/Tutoring (Monday through Thursday)
 OR
- Enrichment Special Interests:
 Computer Graphics and Foreign Language/Spanish: ____ Beginning ____ Intermediate

Transportation: Transportation maybe supplied by either Springfield City School's Buses or SCAT vans. (Transportation is provided on Wednesday's/Early Release Days).

- I will transport my child to and from **infusion campus**
- Yes (if provided) my child would need transportation
- Registration Fee Payment of \$ _____ enclosed

Please mail registration and fee to: Interface Creative Group, c/o infusion campus, 111 Cliff Park Rd., Springfield, OH 45504).

(All programs and classes are subject to change)