



2009-2010 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 (invoiced)
<input type="checkbox"/> Require scholarship support	
Transportation fee:	\$ 1.00 per day
Supply Fee:	\$ 12.00 per child (monthly)

Please write in the days you wish to attend and select either beginning or intermediate:

____ Beginning ____ Intermediate

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

- Homework Guidance/Tutoring (Monday through Thursday)
- OR
- Computer Graphics ____ Beginning (Monday & Tuesday) ____ Intermediate (Wednesday & Thursday)

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 at \$1.00 per day
- Registration Fee Payment of \$ _____ enclosed

Please mail registration and fee to: Interface Creative Group, c/o **infusion campus**, 107 Cliff Park Road, P.O. Box 911, Springfield, Ohio 45501 or you may register by calling 937.325-1640.

(All programs, classes and fees are subject to change)