



CAMP SOCRATES CONTRACT – STRATFORD SCHOOL

Sunnyvale De Anza Park Campus – Summer 2010

Last Name _____ First Name _____ Current Grade Level (circle one) PS PK K 1st 2nd 3rd 4th 5th / / Date of Birth

Home Street Address _____ Telephone _____

City _____ State _____ Zip _____ E-mail Address _____

Camp Socrates Tuition Schedule

Preschool through 5 th Grade	4 Weeks 6/28/10 – 7/23/10		7 Weeks 6/28/10 – 8/13/10	
	Enroll on or before 3/1/10	Enroll after 3/1/10	Enroll on or before 3/1/10	Enroll after 3/1/10
Half-day Mornings				
Two Days (Tues/Thurs)	\$ 325	\$ 342	\$ 511	\$ 538
Three Days (Mon/Wed/Fri)	\$ 556	\$ 586	\$ 910	\$ 958
Five Days (Mon – Fri)	\$ 851	\$ 895	\$ 1,370	\$ 1,442
Half-day Afternoons				
Two Days (Tues/Thurs)	\$ 290	\$ 305	\$ 457	\$ 481
Three Days (Mon/Wed/Fri)	\$ 459	\$ 483	\$ 750	\$ 790
Five Days (Mon – Fri)	\$ 729	\$ 767	\$ 1,174	\$ 1,236
Full School Day				
Five Days (Mon – Fri)	\$ 1,232	\$ 1,297	\$ 1,984	\$ 2,088

Camp Socrates Summer Program Selection*

Option: (check one) **4 Weeks (6/28/10 – 7/23/10)** **7 Weeks (6/28/10 – 8/13/10)**

Program Preference: (check one or rank choices)

Preschool: (for three-year-olds) _____ AM2 _____ AM3 _____ AM5 _____ PM2 _____ PM3 _____ FD5

Pre-kindergarten: (for four-year-olds) _____ AM3 _____ AM5 _____ PM3 _____ PM5 _____ FD5

Kindergarten: _____ AM5 _____ PM5 _____ FD5

Elementary: (check grade and time) _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th

AM5 PM5 FD5

Extended Care Program Selection: (check one)

Afternoon – Two Days \$122 (4 weeks) Afternoon – Three Days \$169 (4 weeks) Afternoon – Five Days \$263 (4 weeks) None

Afternoon – Two Days \$192 (7 weeks) Afternoon – Three Days \$276 (7 weeks) Afternoon – Five Days \$423 (7 weeks) None

*A 10% sibling discount, if applicable, applies to tuition and extended care rates as it does during the regular school year. Late enrollments after Camp Socrates has begun for both the 4 and 7 week programs are subject to the prorated daily rate of the 4 week program. Choose the same grade level in which your child will be enrolled for the 2010/2011 school year (e.g., If your child is currently in preschool during the 2009/2010 school year and will be in pre-kindergarten for the 2010/2011 school year, he or she also would be enrolled in pre-kindergarten for Camp Socrates.). The offering of all programs is subject to classroom space availability and sufficient student enrollment. Afternoon extended care is from 3:30 p.m. to 6:00 p.m. and is optional for all afternoon half-day and full day programs. Morning extended care is not available during Camp Socrates.

Tuition Payments

Stratford will process Camp Socrates enrollment contracts on a “first-come, first-served” basis. To enroll in the Camp Socrates Summer Program, please complete and return this form with a credit card authorization agreement or a check for \$200.00 in **nonrefundable prepaid tuition**. Prepaid tuition will be credited toward the remaining tuition balance which is due May 1, 2010. Please note that all payments for Camp Socrates are nonrefundable.

Payment method for remaining balance due May 1, 2010: (check one) Check Automatic Charge to VISA or MasterCard*

**Please submit a credit card authorization form or we will use the same information currently on file with Stratford.*

Students who attend Camp Socrates are given priority consideration for fall enrollment. Parents may withdraw their child from Camp Socrates by submitting written notification to the school office. If withdrawal notification is received by April 30, 2010, no further tuition other than the nonrefundable prepaid tuition will be due. Students enrolling after April 30, 2010, are subject to full payment of the tuition due at the time of enrollment, and it is nonrefundable. All policies and procedures pertaining to the regular school year as outlined in the re-enrollment contract, enrollment contract and parent handbook apply to Camp Socrates. If you have any questions or require additional information, please feel free to call the office at (408) 732-4424 or e-mail sd@stratfordschools.com.

Signature of Parent / Guardian _____ Date _____

Print Name _____

Stratford School Use Only:	
Student ID#:	_____
Date of Receipt:	_____
PPT Payment Type:	_____
Check #	_____
PPT Amt. Paid:	_____
Tuition Amt. Paid:	_____



STRATFORD SCHOOL AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS BY CREDIT CARD

I (we) hereby authorize Stratford School to initiate charges to my (our) VISA or MASTERCARD credit card indicated below for payment of tuition and other fees to Stratford School.

Credit Card (check one): ___ VISA ___ MASTERCARD	Your Name As It Appears On Credit Card:
Credit Card Number: _____ - _____ - _____ - _____	
Expiration Date: ___ ___ / 20 ___ ___ (month) (year)	Billing Zip Code: _____
Billing Street Address: _____	

This authority is to remain in full force and effect until Stratford School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Stratford School a reasonable opportunity to act upon it.

Name(s) of Stratford Student(s):	
Name(s) of Parent(s) or Legal Guardian(s):	
Signature of Parent or Legal Guardian:	Date:
Signature of Parent or Legal Guardian:	Date:

IMPORTANT: Please complete this form in its entirety. Please also attach a photocopy of your credit card. At least one parent or legal guardian must sign and date the form.

Stratford School Use Only

Additional Information / Comments:	Student ID Number(s): _____ _____ _____
Administrator's Signature: _____	Date Rcvd: _____