



**Special Needs Schools of Gwinnett
2009 “Great Beginnings” Registration**
(Preschool children ages 18 months to 4 years/Pre-K)

Child’s Name: _____
 Birthdate: _____ Age (as of July 1st): _____
 Parents: _____
 Phone # (h) _____
 (w) _____
 (cell) _____
 e-mail: _____
 Address: _____
 City/State/Zip: _____

Please enroll my preschool child (who is between the ages of 18 months and 4 years) in the following camp weeks:

- WEEK #1: June 8th -12th** _____
- WEEK #2: June 15th – 19th** _____
- WEEK #3: June 22nd – 26th** _____
- WEEK #4: July 6th -10th** _____
- WEEK #5: July 13th – 17th** _____

Hours: 9:30 am – 1:00 pm

Days: M, W, F

Cost: *\$110 per week

plus a one time **\$50 registration & supply fee**

. *Returning SNS students pay \$55 per week and the \$50 camp registration and supply fee.

SPACE IS very LIMITED- Send registration form & \$50 ASAP to:

SNS, 660 Davis Road, Lawrenceville, GA 30045 Phone: 678-442-6262

email: snsfgwinnett@bellsouth.net