



**Special Needs Schools of Gwinnett
2009 SUMMER ENRICHMENT PROGRAM
REGISTRATION**

Child's Name: _____

Birthdate: _____ Grade: _____

Parents: _____

Phone # (h) _____

(w) _____

(cell) _____

e-mail: _____

Address: _____

City/State/Zip: _____

Please enroll my child (who is between the ages of 5 & 18) in the following SEP 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 – 3:00 PM Days: Monday thru Friday

Cost: \$150 per week* plus one time \$50 reg. & supply fee

**Returning SNS students pay \$75 per week plus \$50 reg. & supply fee.*

**Returning Georgia Special Need Scholarship Students pay \$75 per week plus the \$50 SEP registration & supply fee.*

SPACE IS LIMITED- Send registration form & \$50 no later than May 1st to:

SNS, 660 Davis Road, Lawrenceville, GA 30045

Phone: 678-442-6262

email: sns of gwinnett@bellsouth.net