

CHILD CARE REGISTRATION FORM

Parent Name _____

Address _____

Phone _____

Child Name _____ Age _____

Full Day Child Care - \$100.00

Half Day Child Care - \$55.00

*Please check **Child Care** on Summary of Payment p. 22 and enter **\$25.00 deposit**
Send this form along with your registration, Thank You!

MEAL TICKET ORDER

Family Name _____ TeenDorm

WEEKLY TICKETS:

Adult Tickets for Week # __ @ \$18.00 Total _____

Child Tickets for Week # __ @ \$16.00 Total _____

Please list names of those using tickets: _____

SINGLE TICKETS:

Tuesday Adult # __ @ \$4.50 each Total _____

Child # __ @ \$4.00 each Total _____

Wednesday Adult # __ @ \$4.50 each Total _____

Child # __ @ \$4.00 each Total _____

Thursday Adult # __ @ \$4.50 each Total _____

Child # __ @ \$4.00 each Total _____

Friday Adult # __ @ \$4.50 each Total _____

Child # __ @ \$4.00 each Total _____

Please list names of those using tickets: _____

Grand Total

Please enter total amount due on appropriate line in Summary of Payment form.

Financial Aid/Scholarship Application Form

I am applying for: Boutique Financial Aid Scholarship

Name _____ Age _____ M/F _____

Instrument _____ Registration Code _____ Teacher _____

Parent Name _____

Address _____

Phone _____

Mail to: **ISSI Scholarships, 7374 S. 1710 E., S.L.C., UT 84121**

*Please mail separately from registration and include all necessary information. Please provide you teacher with a separate, stamped, addressed envelope.

PLEASE MAIL SEPARATELY FROM REGISTRATION