COURSE PLANNER Kids & Teens College

Parent/Guardian F. Name:		Parent/Guardian L. Name:
First Name:	**Last Name:**	**Birth Date (mm/dd/yy):**

Street Address:	City/County/State/Zip:
Parent's Day Time Phone:	Email Address:
Signature of Parent or Legal Guardian:	Date:

	EARLY START 7:30 am – 8:50 am	MORNINGS 9:00 am – 12:00 pm *(Half Day Program)*		
Week 1 06/20 – 06/24	Wind Up: (YES) (NO) None	**Title:**	**Ref #:**	**Campus/Location:**
Week 2 06/27 – 07/01	Wind Up: (YES) (NO) None	**Title:**	**Ref #:**	**Campus/Location:**
Week 3 07/11 – 07/15	Wind Up: (YES) (NO) None	**Title:**	**Ref #:**	**Campus/Location:**
Week 4 07/18 – 07/22	Wind Up: (YES) (NO) None	**Title:**	**Ref #:**	**Campus/Location:**
Week 5 07/25 – 07/29	Wind Up: (YES) (NO) None	**Title:**	**Ref #:**	**Campus/Location:**

	AFTERNOON			LATE PICKUP
	Central Campus	Pines Center		Times Vary per Location
	1:00 pm – 4:00 pm *(Half Day Program)*	12:45 pm – 2:45 pm *(Quarter Day Program)*	3:00 pm to 5:00 pm *(Quarter Day Program)*	Central: 4 – 5:30 pm Pines: 5 – 5:30 pm
Week 1 06/20 To 06/24	**Title:** **Ref #:** **Campus/Location:**	**Title:** **Ref #:** **Campus:**	**Title:** **Ref #:** **Campus:**	Wind Down: (YES) (NO) Both Locations
Week 2 06/27 To 07/01	**Title:** **Ref #:** **Campus/Location:**	**Title:** **Ref #:** **Campus:**	**Title:** **Ref #:** **Campus:**	Wind Down: (YES) (NO) Both Locations
Week 3 07/11 To 07/15	**Title:** **Ref #:** **Campus/Location:**	**Title:** **Ref #:** **Campus:**	**Title:** **Ref #:** **Campus:**	Wind Down: (YES) (NO) Both Locations
Week 4 07/18 To 07/22	**Title:** **Ref #:** **Campus/Location:**	**Title:** **Ref #:** **Campus:**	**Title:** **Ref #:** **Campus:**	Wind Down: (YES) (NO) Both Locations
Week 5 07/25 To 07/29	**Title:** **Ref #:** **Campus/Location:**	**Title:** **Ref #:** **Campus:**	**Title:** **Ref #:** **Campus:**	Wind Down: (YES) (NO) Both Locations