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Detach below and return to school no later than; April~7th~2017

	100% Satisfaction Guaranteed						
1. Print Completely and Clearly ALL Information Below	2. O	2. Order Summary					
Students Name	Pac	ckage	Price	Qty.	Pose Numbe	er Total	
Parents Name		\rightarrow					-
Park Teacher MWF or							
Address				3 Tot	al Enclosed		
City State Zip		CA Sales Tax Included in Package Pricing					
Phone	Payment Type: (Please circle one)						
*E-Mail	Cas	sh	Check	c	Charge		

City of Santa Clarita Primetime Preschool - Spring 2016-17