

**₹** 

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

	<b>100% Satisfaction Guaranteed</b>						
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	<b>c</b>	Charge		

City of Santa Clarita Primetime Preschool - Spring 2016-17