

AIM Learning Center Summer Enrichment

Part-Time Application

Date of Application: _____

Parent Name: _____
(First and Last name)

Current Address: _____
(Street City, State Zip Code)

Phone Number: _____ E-mail Address: _____

Preferred Method of Contact: Call _____ Text _____ Email _____

Preferred Session(s):

☐ Session 1: May 26- June 13, 2025 Tuition: \$500 per student
\$450 per student (siblings)

☐ Session 2: June 26 -July 11, 2025 Tuition: \$ 500 per student (closed July 4th)
\$ 450 per student (siblings)

Food Allergies:

Additional Notes:
