



Summer Registration

Date: _____

Name: _____

School: _____

Grade: _____ Contact Number: _____

Address: _____

Study Option: K-8 Email: _____

Monday-Friday or Saturday

7weeks: _____ Prep Class Choice : _____

4 weeks: _____ (SSAT/ISEEE , ELA&MLA)

3 weeks: _____ Tuition: _\$_____ Payment Method: _____

Study Option: 9-12

Monday-Friday or Saturday

7weeks: _____ Prep Class Choice : _____

4 weeks: _____ (SAT II) Biology, Chemistry

3 weeks: _____ Math IC,IIC

Notes:

Note :

Tuition: __\$_____ Payment Method: _____

Card #: _____

**** Lunch, Fieldtrip, and Supplementary book included******

Transportation: \$30/day (Round Trip) \$15/ day (One Way) 7weeks / \$850

Days: _____

Tuition: _\$_____

CCB School Policy

- There is a \$30 surcharge fee for all returned checks.
- If cancelled prior to the first day of the classes, the full tuitions will be credited less the application fee of \$100(non-refundable) towards any program provided at CCB except for summer programs.
- If necessary, refunds will be issued, but only at the 50% of the tuition value.

Parent Signature: _____ Date: _____

