



# Summer 2024



1. Complete front and back of form.
2. Parent/Guardian **must** sign the back of form.
3. Turn in this **completed** form **with** at least half the tuition payment.
4. Your child's spot **is not** reserved until all steps are complete.

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ (Zip) \_\_\_\_\_

Cell Phone: (father) \_\_\_\_\_ (mother) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tuition Fee for summer camp: \$325 for all nine weeks. 9 am to noon; Tuesdays and Thursday. (Tshirt included)**

Half of the tuition fee is required with registration. The remaining balance is due the first day of preschool.

Parents will be able to sign up to help with snacks. **Summer Camp will run June 18- August 15<sup>th</sup>.**

**Children must be potty trained  
and at least three years of age by September 1<sup>st</sup> to be participate in our summer program**

Father's Name	Employer	Telephone Number
Mother's Name	Employer	Telephone Number
Child lives with:	Mother and Father	Mother    Father    Other
Authorized Adult (if parents are working)		
Name:		Phone:

### Siblings

Name:	Age	Gender

\*\*\*\*\* Please complete reverse side

Please describe any health problems your child has (allergies, heart trouble, speech difficulty, seizures, diabetes, etc.)

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Please indicate if there are any custodial issues we should be aware of:

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Has this child been in a preschool situation before? y/ n

If so, when and where? \_\_\_\_\_

Does the family regularly attend church? y/n

If so, where? \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

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Please share with us how you heard about our preschool \_\_\_\_\_

**Other contact information**

Email address for receiving class information \_\_\_\_\_

Cell phone you wish to receive texts regarding school information \_\_\_\_\_

Sitter's Name and contact information if child will be dropped off or picked up by a sitter

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Emergency contacts:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name and Phone number: \_\_\_\_\_

**Statement of responsibility: When we (the parents/guardians) cannot be notified in case of emergency, the teacher is authorized to make decisions to insure the welfare and health of my child. I understand the school assumes no financial obligation in case of emergency treatment.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Reg form _____
Confirmed _____

Every child will receive a camp tshirt. Please indicate what size for your child:

2T

3T

4T

Youth XS

Youth SM

Youth MD

Child's Name: \_\_\_\_\_