FIDELITY HOUSE PRESCHOOL SUMMER REGISTRATION -2022 Weekly, Half Day, Full Day Options (Daily IF space allows)

At Initial Registration Please fill out both sides of the registration form per child and leave a deposit.

A \$45.00 NON-REFUNDABLE deposit per week (per child) is required to hold the 1/2 day spots,

A \$85.00 NON-REFUNDABLE deposit per week (per child) is required to hold the full day spot. It will be credited toward the camp fee and is not an additional fee. Enrollment is accepted on a first come basis. We do encourage families to add days as your child enjoys their preschool experience, space permitting, but need to ensure daily staffing in advance. IF space allows, we will accommodate individual day registrations (minimum of 2 days per session) starting the Thursday before each session.





Before Attendance at Camp

- a). Any BALANCE DUE for the upcoming week must be paid the preceding Friday.
- b). A **DOCTOR** signed/**MEDICAL** (Immunization) **RECORD** is mandatory and requested 1 WEEK before your child attends.
- c). Department of Early Education and Care FORMS are <u>mandatory</u> and requested 1 WEEK before your child attends camp.
- d). ALL MEDICATIONS (short term/long term) require a medication authorization on file. Please request the form if applicable



SINGLE DAYS (if space allows) = \$50.00 a day

CHILD'S INFORMATION

\wedge	PLEASE FILL O	JT <u>INFO</u> COMF	LETELY & CLEARLY		
First & Last Name	Mal	e Female	Email Address		
Address				Town	Zip
Phone ()				Date-of-Birth	Age
Emergency Name*				Diama (
*Other than Parent				Phone ()	
Parent #1		ent #1 Phone ()	Parent #1 Cell Phone ()	
Parent #1 Place of Employment	Pare	ent #1's Occ	apation		
Parent #2 Name		ent #2 Phone ()	Parent #2 Cell Phone ()	
Parent #2 Place of Employment	Pare	ent #2's Occ	apation		
I give my permission for		to att	end the Fidelity House P	reschool Summer Program,	and in no way hold Fidelity
House, its staff or sponsors responsible for any ac	cident or illne	ss to my	child while attending.		
CF		•	J	Signature-Parent/Guardian	Date
8:30 a.m. – 12:30 p.m ½ WEEK = \$200.00 (\$160.0			30 p.m Full day option	8*)	

SINGLE DAYS (if space allows) = \$90.00 a day

D1 1 1	Early	****	D 1 1 1	-	DILL DAY	E 4 1.1	OFFICE
Please circle		HALF DAY	Please circle	Early 8	FULL DAY \$ WEEK /	Extended Care	OFFICE
"WEEK" your child will be attending.	8 a.m.	S WEEK/	"WEEK" your child will be	a.m.	DAILY FEE	5 p.m.	USE
	Drop	DAILY	attending.	Drop	\$ 400.00week	pick up	
Individual DAYS will be allowed the preceding	Off	FEE		Off	\$90.00 per day	\$35	
Thursday IF space allows.	\$35	\$200.00	Individual DAYS will be allowed	\$35		week	
Thursday II space anows.		week	the preceding Thursday IF space	week	TOTAL	\$8 per day	
	\$8 per	\$50.00 per	allows.	\$8	DUE	prepaid,	
	day prepaid,	day		per day prepaid,			
8:30 a.m. – 12:30 p.m. HALF DAY OPTION		TOTAL	8:30 a.m. –4:30 p.m.	1 1 /			
		DUE	FULL DAY OPTION				
W. 1.1. I 12.17 WEEK M. T. W. TL. E.		Φ.			¢		₽
Week 1- June 13-17 WEEK or $\mathbf{M} \cdot \mathbf{T} \cdot \mathbf{W} \cdot \mathbf{Th} \cdot \mathbf{F} = \mathbf{days}$		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 2- June 20 – 24 WEEK or M • T • W• Th • F = days		\$	WEEL M. C. W. C. D. D.		\$		Φ
Week 2- June $20 - 24$ WEEK or $M \cdot T \cdot W \cdot Th \cdot F = days$		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		Þ		\$
Week 3- June 27 – July 1 WEEK or M • T• W •Th • F = days		\$	WEEK or $\mathbf{M} \cdot \mathbf{T} \cdot \mathbf{W} \cdot \mathbf{Th} \cdot \mathbf{F} = \mathbf{days}$		\$		\$
with the same and			WEEK OF HE I Ways		Ť		Ψ
Week 4- July 5-8 WEEK (\$160) or $* \cdot T \cdot W \cdot Th \cdot F = days$	\$28 wk	\$	WEEK or (\$320) $* \cdot T \cdot W \cdot Th \cdot F = days$	\$28	\$	\$28	\$
(No Monday, July 4)			(No Monday, July 4)				Ψ
Week 5- July 11 - 15 WEEK or M• T•W• Th•F= days		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = days$		\$		\$
			·				-
Week 6- July 18-22 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = days$		\$		\$
			William Cays				Ψ
Week 7- July 25 - 29 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
			•				
Week 8- August 1 - 5 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
							Ψ
Week 9- Aug. 8 - 12 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
WEEK OF MICH - days		Ψ	WEEK OF MI + I • W + In • F = days		ψ		Ф

TOTAL D	U	E
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Total Due \$____

For OFFICE USE ONLY

DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INIT	NOTES