FIDELITY HOUSE PRESCHOOL SUMMER REGISTRATION -2023 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 \$40.00 <u>NON-REFUNDABLE</u> deposit per week (per child) is required to hold the 1/2 day spots,

A \$75.00 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 mandatory 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



	PLEASE FILL OUT INFO CO	MPLETELY & CLEARLY		
First & Last Name	Male Femal	e Email Address		
Address			Town	Zip
Phone ()			Date-of-Birth	Age
Emergency Name*				
*Other than Parent			Phone ()	
Parent #1	Parent #1 Day Phone ()	Parent #1 Cell Phone ()	
Parent #1 Place of Employment	Parent #1's O	ccupation		
Parent #2 Name	Parent #2 Day Phone ()	Parent #2 Cell Phone ()	
Parent #2 Place of Employment	Parent #2's O	ccupation		
I give my permission for	to a	ttend the Fidelity H	Iouse Preschool Summer Progra	am, and in no way hold Fidelity
House, its staff or sponsors responsible fo	r any accident or illness to m	ny child while atter	nding.	-



8:30 a.m. – 12:30 p.m.- ¹/₂ day option

1 WEEK = \$225.00 (\$135.00 for July 5 -July 7*) SINGLE DAYS (if space allows) = \$50.00 a day 8:30 a.m. - 4:30 p.m.- Full day option

1 WEEK = \$450.00 (\$270.00 for July 5- July 7*) SINGLE DAYS (if space allows) = \$95.00 a day

Signature-Parent/Guardian

Date

Please circle "WEEK" your child will be attending. Individual DAYS will be allowed the preceding Thursday IF space allows. 8:30 a.m. – 12:30 p.m. HALF DAY OPTION	Early 8 a.m. Drop Off \$35 week \$8 per day prepaid,	HALF DAY \$WEEK/ DAILY FEE \$225.00 week \$50.00 per day TOTAL DUE	Please circle "WEEK" your child will be attending. Individual DAYS will be allowed the preceding Thursday IF space allows. 8:30 a.m4:30 p.m. FULL DAY OPTION	Early 8 a.m. Drop Off \$35 week \$8 per day prepaid,	FULL DAY \$ WEEK / DAILY FEE \$ 450.00 week \$95.00 per day TOTAL DUE	Extended Care 5 p.m. pick up \$35 week \$8 per day prepaid,	OFFICE USE
Week 1- June 12-16WEEK or $M \cdot T \cdot W \cdot Th \cdot F =$ days		\$	WEEK or $M \blacklozenge T \cdot W \blacklozenge Th \cdot F = days$		\$		\$
Week 2- June 19 – 23 WEEK or $M \cdot T \cdot W \cdot Th \cdot F = days$		\$	WEEK or $M \blacklozenge T \cdot W \blacklozenge Th \cdot F = days$		\$		\$
Week 3- June 26 – 30 WEEK or $M \cdot T \cdot W \cdot Th \cdot F = days$		\$	WEEK or $M \cdot T \cdot W \cdot Th \cdot F = days$		\$		\$
Week 4- July 5 - 7 WEEK (\$135) or * • * • W • Th • F = days (No Monday or Tuesday, July 3 & 4)	\$21 wk	\$	WEEK or (\$270) * • * • W • Th• F = days (No Monday or Tuesday, July 3 & 4))	\$21	\$	\$21	\$
Week 5- July 10 - 14 WEEK or M• T•W• Th•F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 6- July 17- 21 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T \cdot W \blacklozenge Th \cdot F = days$		\$		\$
Week 7- July 24 - 28 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = days$		\$		\$
Week 8- July 31 - August 4 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = days$		\$		\$
Week 9- Aug. 7 - 11 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F =$ days		\$		\$

TOTAL DUE\$_____

Total Due \$____

For OFFICE USE ONLY

DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INIT	NOTES