FIDELITY HOUSE PRESCHOOL SUMMER REGISTRATION -2025 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 \$50.00 NON-REFUNDABLE deposit per week (per child) is required to hold the 1/2 day spots,

A \$100.00 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

,	PLEASE FILL OU	T <u>INFO</u> COMPL	ETELY & CLEARLY * optional			
First & Last Name	*Male	* Female	Email Address			
Address				Town	Zip	
Phone ()				Date-of-Birth	Age	
Emergency Name* *Other than Parent				Phone ()		
Parent #1		nt #1 Phone ()	Parent #1 Cell Phone ()		
Parent #1 Place of Employment	Parer	t#1's Occu	pation			
Parent #2 Name	Parei Day	nt #2 Phone ()	Parent #2 Cell Phone ()	_	
Parent #2 Place of Employment	Parer	nt #2's Occu	pation			
I give my permission for		to atte	end the Fidelity House	e Preschool Summer Progra	m, and in no way hold Fi	delity
House, its staff or sponsors responsible for any a	accident or illnes	ss to my	child while attending	Ţ		
CF				Signature-Parent/Guard	lian Date	e
8:30 a.m. – 12:30 p.m.– 1 WEEK = \$250.00 (\$200		. 1 2)		4:30 p.m Full day option	-	
$1 \text{ WEEK} = \$250.00 \ (\$200)$).00 tor June 30	July 3)	IWEEK = S	\$495.00 (\$400.00 for June 30	-July 3)	

SINGLE DAYS (if space allows) = \$100.00 a day

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 \$50 week \$10 per day prepaid,	HALF DAY \$ WEEK/ DAILY FEE \$250.00 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 \$50 week \$10 per day prepaid,	FULL DAY \$ WEEK / DAILY FEE \$ 495.00week \$100.00 per day TOTAL DUE	Extended Care 5 p.m. pick up \$50 week \$10 per day prepaid,	OFFICE USE
Week 1- June 9-13 WEEK or M • T • W• Th • F = days		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = $ days		\$		\$
Week 2- June $16-20$ WEEK or $M \cdot T \cdot W \cdot Th \cdot F = days$		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = days$		\$		\$
Week 3- June 23 – 27 WEEK or M • T• W • Th • F = days		\$	WEEK or $M \cdot T \cdot W \cdot Th \cdot F = $ days		\$		\$
Week 4- June 30 - July 3 WEEK (\$200) or M • T • W • Th • = days (No Friday, July 4)	\$40 wk	\$	WEEK or (\$400) M • T• W • *• * = days (No Friday, July 4)	\$40	\$	\$40	\$
Week 5- July 7 - 11 WEEK or M• T•W• Th•F= days		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = days$		\$		\$
Week 6- July 14- 18 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 7- July 21 - 25 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 8- July 28 - August 1 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = days$		\$		\$
Week 9- Aug. 4 - 8 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \diamond T \cdot W \diamond Th \cdot F = days$		\$		\$

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Total Due \$____

For OFFICE USE ONLY

DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INIT	NOTES