

FIDELITY HOUSE PRESCHOOL SUMMER REGISTRATION –AUG. 11- 28, 2025 Weekly, Half Day, Full Day Options

1



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.

PS

8/11 - 8/28

2



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



CHILD'S INFORMATION(Anyone who attended PS Summer Program weeks 1 thru 9 can go directly to 2nd page, this page is on file)

PLEASE FILL OUT INFO COMPLETELY & CLEARLY

First & Last Name	Male	Female	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 Occupation		
Parent #2 Name	Parent #2 Day Phone ()		Parent #2 Cell Phone ()	
Parent #2 Place of Employment		Parent #2's Occupation		

I give my permission for _____ to attend the Fidelity House Preschool Summer Program, and in no way hold Fidelity House, its staff or sponsors responsible for any accident or illness to my child while attending . _____

Signature-Parent/Guardian

Date

**C
A
M
P
F
E
S**

8:30 a.m. – 12:30 p.m.- ½ day option

1 WEEK = \$250.00 (\$200.00 for Aug. 25 - 28*)

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

8:30 a.m. – 4:30 p.m.- Full day option

1 WEEK = \$495.00 (\$400.00 for Aug. 25 - 28*)

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

PRESCHOOL AUGUST 11 – 28 SUMMER 2025

<p>Please circle “WEEK” your child will be attending.</p> <p>Individual DAYS will be allowed the preceding Thursday IF space allows.</p> <p>8:30 a.m. – 12:30 p.m. HALF DAY OPTION</p>	<p>Early 8 a.m. Drop Off \$50 week \$10 per day prepaid,</p>	<p>HALF DAY \$ WEEK/ DAILY FEE \$250.00 week \$50.00 per day TOTAL DUE</p>	<p>Please circle “WEEK” your child will be attending.</p> <p>Individual DAYS will be allowed the preceding Thursday IF space allows.</p> <p>8:30 a.m. –4:30 p.m. FULL DAY OPTION</p>	<p>Early 8 a.m. Drop Off \$50 week \$10 per day prepaid,</p>	<p>FULL DAY \$ WEEK / DAILY FEE \$ 495.00^{week} \$100.00^{per} day TOTAL DUE</p>	<p>Extended Care 5 p.m. pick up \$50 week \$10^{per} day prepaid,</p>	<p>OFFICE USE</p>
<p>Week 1- Aug. 11- 15 WEEK or M • T • W • Th • F = days</p>		\$	<p>WEEK or M ♦ T • W ♦ Th • F = days</p>		\$		\$
<p>Week 2- Aug. 18 - 22 WEEK or M • T • W • Th • F = days</p>		\$	<p>WEEK or M ♦ T • W ♦ Th • F = days</p>		\$		\$
<p>Week 3- Aug. 25 - 28 WEEK or M • T • W • Th = days (NO Program offered on FRIDAY, AUG. 29)</p>	\$40	\$200	<p>WEEK or M • T • W • Th • = days</p>	\$40	\$400	\$40	\$

Total Due \$ _____

For OFFICE USE ONLY

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