



Fidelity House Preschool / Pre-K April Full Days



Preschool Program

Friday, April 3 & Monday, April 20– Friday April 24, 2026
Sign up for a day or the week!
www.fidelityhouse.org

8:30 am – 12:30 pm \$45.00/per day

8:30 am – 5:00 pm \$90.00/per day

Early drop off (8:00 am) is available for \$10.00 per 30 minutes.

Activities may include arts and crafts, large gym time, science projects, quiet time, cooking, free play, soccer, circle time, lego play, story time, and more age-appropriate activities.

Please check days attending.

<input type="checkbox"/> Friday, 4/3	<input type="checkbox"/> Monday, 4/20	<input type="checkbox"/> Tuesday, 4/21	<input type="checkbox"/> Wednesday, 4/22	<input type="checkbox"/> Thursday, 4/23	<input type="checkbox"/> Friday, 4/24
___ 8:30-12:30	___ 8:30-12:30	___ 8:30-12:30	___ 8:30-12:30	___ 8:30-12:30	___ 8:30-12:30
___ 8:30-5:00	___ 8:30-5:00	___ 8:30-5:00	___ 8:30-5:00	___ 8:30-5:00	___ 8:30-5:00
___ 8-8:30 early drop off	___ 8-8:30 early drop off	___ 8-8:30 early drop off	___ 8-8:30 early drop off	___ 8-8:30 early drop off	___ 8-8:30 early drop off

1. Registrations are accepted in the order received and may be limited subject to available space in the program. **Early Registration is recommended to assure that space/staff is available.**
2. To register, please fill out the form below and return to Fidelity House.
3. Registration forms should be returned no later than 2 school days before the day of the program.
4. If registration is received later than two school days before the program, a **\$10.00 LATE FEE** will be added to cover the costs of last minute staffing arrangements.
5. Payment is due in full by the date of attendance.
6. **Current Registration and Department of Early Education & Care Info Forms must be on file by date of attendance.**
7. Please send lunch, AM and PM snacks with your child.

Child's Name _____ Age _____ DOB _____

Address _____ Town _____ Zip _____

Parent Name _____ Email address _____

Daytime Phone(____) _____ Home Phone (____) _____

Parent Signature _____ Date _____

DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INITIAL

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