Fidelity House
Preschool / Pre-K
WINTER FUN!

Monday, Dec. 22, Tuesday, Dec. 23, Monday, Dec. 29, Tuesday, Dec. 30, Weds. Dec. 3, 2025(until 3 p.m.) & Friday, Jan. 2, 2026.

Sign up options! 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.

Monday, Dec. 22	Tuesday, Dec. 23	Monday, Dec. 29	Tuesday, Dec. 30	Wednesday, Dec. 31	Friday, Jan. 2	Total:
___ 8:00-8:30 ($10) ___ 8:30-12:30 ($45) ___ 8:30-5:00 ($90)	___ 8:00-8:30 ($10) ___ 8:30-12:30 ($45) ___ 8:30-5:00 ($90)	___ 8:00-8:30 ($10) ___ 8:30-12:30 ($45) ___ 8:30-5:00 ($90)	___ 8:00-8:30 ($10) ___ 8:30-12:30 ($45) ___ 8:30-5:00 ($90)	___ 8:00-8:30 ($10) ___8:30-12:30 ($45) **___ 8:30-3:00 ($70)**	___ 8:00-8:30 ($10) ___ 8:30-12:30 ($45) ___ 8:30-5:00 ($90)	_____ _____ _____

Grand Total $_____

1. Registrations are accepted in the order received and may be limited subject to available space in the program. A minimum of 5 registrations is required to offer the program. **Early Registration is recommended to assure that space/staff/day 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

FIDELITY HOUSE, 25 MEDFORD STREET, ARLINGTON, MA 02474 - (781) 648-2005