FIDELITY HOUSE KINDERGARTEN & FIRST GRADE DAY CAMP WEEKLY or DAILY REGISTRATION -2019



At Initial Registration Please fill out the one page registration form per child and leave a deposit.

A \$75.00 NON-REFUNDABLE deposit per week (per child) is required to hold the spot. It will be credited toward the camp fee and is not an additional fee. Enrollment is accepted on a first come, first served basis.



Before Attendance at Camp

a). Any BALANCE DUE for the upcoming week must be paid the preceding Friday. Please note we do not send out weekly bills.

- 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

PLEASE FILL OUT INFO COMPLETELY & CLEARLY

	le Female	Family Email Address			
I			Town	Zip	
T shirt ch. Small (6-8)_ size Adult Small_			Date-of-Birth Age	Grade Entering	
			Phone ()		
Day	Phone ()	Cell Phone ()		
Mother	r's Occupation		1		
Day	Phone ()	Cell Phone ()		
Fathe	er's Occupation				
			Camp Program, and in no v	way hold Fidelity House, its	
		Signature-I	Parent/Guardian	Date	
*Per Week at Tin We do encourage families to \$5 processing fee per day i will be applied if registrati Please note your nee **Extended care f	add days as your f switch days ion is after 5 peds on your for campers	al Registration only child enjoys the experience, space partial and the registration deadling. The child's registration for the upcoming rechild's registration for the previously signed to the previously signed to the registration for the registrati	permitting but need to insure daily staffing rance for each week of camp is the pweek. Orm. up	oreceding	
	Day Mothe Day Mothe Day Fathe Illness to my child w (Week 2 - no camp *Per Week at Tin We do encourage families to \$5 processing fee per day i will be applied if registrat Please note your nee **Extended care for	Day Phone (Day Phone (Mother's Occupation	Day Phone () Day Phone () Father's Occupation To attend the Fidelity House Day () Illness to my child while attending. Signature-I (Week 2 - no camp Thursday or Friday, July 4 & 5 *Per Week at Time of Initial Registration only We do encourage families to add days as your child enjoys the experience, space per sprocessing fee per day if switch days and the registration deadlie will be applied if registration is after 5 p.m. Friday for the upcoming Please note your needs on your child's registration fee **Extended care for campers not previously signed to the size of t	T shirt ch. Small (6-8) ch. Med (10-11) ch. Lg.(14-16) Date-of-Birth Age Phone ()	

CHILD'S NAME	



Please circle "WEEK" or individual DAYS Your child will be attending	\$WEEK / DAILY FEE \$350 week \$325 if 5+ weeks at initial registration \$80 per day	EXT. CARE \$ WEEK/Daily \$40 until 5:30 p.m. \$ 8 until 5:30 per day	TOTAL DUE	OFFICE USE ADJUSTMENT NOTES (please write in additions/changes from original registration)	Adjusted fee \$ for Added days, added extended care, late registration fee or \$5 switch day fee	REVISED TOTAL DUE \$
Week 1- June 24 - 28 WEEK M • T • W • Th • F days	\$	+\$	\$			\$
Week 2- July 1-3 (\$210) WEEK or M• T• W • *• * = days * No camp Thurs & Fri, July 4 & 5	\$	+ \$	\$			\$
Week 3- July 8-12 WEEK or M • T• W • Th • F = days	\$	+\$	\$			\$
Week 4- July 15 - 19 WEEK or M • T • W • Th • F= days	\$	+\$	\$			\$
Week 5- July 22- 26 WEEK or M • T • W • Th • F= days	\$	+\$	\$			\$
Week 6- July 29-Aug. 2 WEEK or M • T • W • Th • F= days	\$	+\$	\$			\$
Week 7- Aug. 5 - 9 WEEK or M • T • W • Th • F= days	\$	+ \$	\$			\$
Week 8- Aug. 12 - 16 WEEK or M • T • W • Th • F= days	\$	+ \$	\$			\$
Week 9- Aug. 19 - 23 WEEK or M • T • W • Th • F= days	\$	+ \$	\$			\$
Week 10-Aug. 26 - 30 WEEK or M • T • W • Th • F= days	\$	+\$	\$			\$

TOTAL DUE

©	REVISED TOTAL\$
Ψ	KEVISED TOTAL9

For OFFICE USE ONLY

DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INIT	NOTES