## FIDELITY HOUSE PRESCHOOL SUMMER REGISTRATION -2020 Weekly, Daily, Half Day, Full Day Options

At Initial Registration Please fill out both sides of the registration form per child and leave a deposit. A \$40.00 NON-REFUNDABLE deposit per week (per child) is required to hold the 1/2 day spots, A \$75.00 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. Please be aware there will be a \$5 processing fee per day to switch days and we ask all registrations be made by the Friday preceding the week you are adding days. A \$5 per day fee will be added for last minute registrations during the week.



Before Attendance at Camp

a). Any BALANCE DUE for the upcoming week must be paid the preceding Friday.

SINGLE DAYS = \$40.00 a day

- 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



	PLEASE FILL OUT	INFO COMP	LETELY & CLEARLY		
First & Last Name	Male	Female	Email Address		
Address				Town	Zip
Phone ( )				Date-of-Birth	Age
Emergency Name* *Other than Parent				Phone ( )	
Mother's Name	Da	y Phone (	)	Cell Phone ( )	
Mother's Place of Employment	Mothe	r's Occupa	tion		
Father's Name	Day	y Phone (	)	Cell Phone ( )	
Father's Place of Employment	Father	's Occupat	ion		
I give my permission for		_to att	end the Fidelity House Pr	eschool Summer Program, and	l in no way hold Fidelity
House, its staff or sponsors responsible for	any accident or illness	s to my	child while attending.		
C <sub>F</sub>	,	J		Signature-Parent/Guardian	Date
8:30 a.m. – 12:30 p	<b>o.m ½ day option</b> (\$140.00 for June 29 -Ju	ıly 2*)	<b>8:30 a.m.</b> – <b>4:30 p.m.</b> - <b>1</b> WEEK = \$360.00 (\$2	Full day option 280.00 for June 29 - July 2*)	

SINGLE DAYS = \$80.00 a day

Please circle  "WEEK" or individual DAYS  Your child will be attending  8:30 a.m. – 12:30 p.m. HALF DAY OPTION	Early 8 a.m. Drop Off \$30 week \$7 per day prepaid,	HALF DAY \$ WEEK/ DAILY FEE \$180.00 week \$40.00 per day TOTAL DUE	Please circle "WEEK" or individual DAYS Your child will be attending 8:30 a.m4:30 p.m. FULL DAY OPTION	8 a.m. Drop Off \$30 week \$7 per day prepaid.	FULL DAY \$ WEEK / DAILY FEE \$ 360.00week \$80.00 per day TOTAL DUE	Extended Care 5 p.m. pick up \$30 week \$7 per day prepaid,	OFFICE USE
Week 1- June 8 - 12 WEEK or M • T • W• Th • F = days	prepara,	\$	WEEK or M ♦ T • W ♦ Th • F = days	ргорим,	\$		\$
Week 2- June 15-19 WEEK or M • T • W• Th • F = days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 3- June 22 – 26 WEEK or M • T • W• Th • F = days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 4- June 29 – July 2 WEEK (\$140) or M • T• W •Th • * = days (No Friday, July 3)		\$	WEEK (\$280) or $\mathbf{M} \cdot \mathbf{T} \cdot \mathbf{W} \cdot \mathbf{Th} \cdot * = \mathbf{days}$		\$		\$
Week 5- July 6 - 10 WEEK or $\mathbf{M} \cdot \mathbf{T} \cdot \mathbf{W} \cdot \mathbf{Th} \cdot \mathbf{F} = \mathbf{days}$		\$	WEEK or $M \cdot T \cdot W \cdot Th \cdot F = days$		\$		\$
Week 6- July 13 - 17 WEEK or M• T•W• Th•F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 7- July 20-24 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 8- July 27 - 31 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 9- August 3 7 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 10- Aug. 10 - 14 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 11- Aug. 17 - 21 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 12- Aug. 24 - 28 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
Week 13- Aug. 31 – Sept. 4 WEEK or M • T • W • Th • F= days		\$	WEEK or $M \blacklozenge T • W \blacklozenge Th • F = days$		\$		\$
TOTAL DUE				•		Revised	TOTAL

For OFFIC	CE USE ONLY	TOTAL ]	DUE	\$			Total Due \$	\$
DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INIT	NOTES		