

FIDELITY HOUSE PRESCHOOL SUMMER REGISTRATION -2019 Weekly, Daily, 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 **\$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 the registration deadline for each week (or day during that week) of camp is the preceding Friday at 5 p.m. A \$20 late fee (or \$5 per day) will be applied to registrations after that.**

PS

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

PLEASE FILL OUT INFO COMPLETELY & CLEARLY

First & Last Name	Male	Female	Email Address		
Address			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Town</td> <td style="width: 40%;">Zip</td> </tr> </table>	Town	Zip
Town	Zip				
Phone ()			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Date-of-Birth</td> <td style="width: 40%;">Age</td> </tr> </table>	Date-of-Birth	Age
Date-of-Birth	Age				
Emergency Name* *Other than Parent			Phone ()		
Mother's Name	Day Phone ()		Cell Phone ()		
Mother's Business Name	Mother's Occupation				
Father's Name	Day Phone ()		Cell Phone ()		
Father's Business Name	Father'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 E S

8:30 a.m. – 12:30 p.m.- 1/2 day option
 1 WEEK = \$180.00 (\$100.00 for July 1-3*)
 SINGLE DAYS = \$40.00 a day

8:30 a.m. – 4:30 p.m.- Full day option
 1 WEEK = \$360.00 (\$210.00 for July 1-3*)
 SINGLE DAYS = \$80.00 a day

