

Summer 2024 Registration Form Preschool Day Camp

PART 1 CHILD INFO

Last Name	First Name	2	Date of Birth		Age			
Address			Allergies/Medica	Allergies/Medical Conditions 🗌 YES				
City	State Zip) Code	If yes, what are	If yes, what are they?				
Home Phon	le							
PART 2	FAMILY INFO							
<u>Mother</u> :			<u>Father</u> :					
Last Name	First Name		Last Name	First Name				
Address			Address					
City	State	Zip Code	City	State	Zip Code			
Cell Phone	We	ork Phone	Cell Phone	Work Phone				
Email			Email					
PART 3	CAMP TNEO							

Summer Camp hours will be 9:00 am to 12:00 pm. AM snack is included. \$120 per week they attend. Please circle the weeks your child will be attending:

Week 1— June 24th to June 28th—The World of Disney

Week 2—July 22nd—July 26th—Ripley's Believe it or Beach

Week 3—August 12th—August 16th— Preschool Explorers: tiny Feet, Global Beats! Discovering World Habitats Together!

PART 4 ADMINISTRATION	
Current Student— NO FEE	
Summer Only/New Student—\$50.00 NON-REFUNDABLE Yearly Registration Fee	CHECK #

Parent Signature:

Date:



Summer 2024 Registration Form Full Time Preschool

PART 1 CHILD INFO

Last Name	First Name		Date of Birth		Age		
Address			Allergies/Medical Conditions 🗌 YES 🗌 NO				
City	State Zip	o Code	If yes, what are they?				
Home Phone							
PART 2 FAI	MILY INFO						
Mother:			<u>Father</u> :				
Last Name	First Name	2	Last Name	First Name			
Address			Address				
City	State	Zip Code	City	State	Zip Code		
Cell Phone	W	ork Phone	Cell Phone	Wo	rk Phone		
Email			Email				
PART 3 CAN	MP INFO						

Summer Camp hours will be 6:45 am to 5:30 pm. Lunch and snacks will be provided.

Please check the number of days needed. If you are not coming 5 days a week, please circle the days you would like to attend.

🗌 5 Day	'S	\$260.00	Μ	Т	W	Th	F				
🗌 4 Day	S	\$229.00	Μ	Т	W	Th	F				
🗌 3 Day	'S	\$185.00	Μ	Т	W	Th	F				
🗌 Estim	ated Dro	op Off:			Pick Up:						
T-Shirt Size:	Circle th	e appropri	ate size:								
	Youth	: S M	L XL			Adult:	S	Μ	L	XL	
PART 4	DMINIS	STRATION	J								
Current St	udent— N	NO FEE									
Summer Only/New Student—\$50.00 NON-REFUNDABLE Yearly Registration Fee CHECK #											
Parent Signat	ure:						Date	9:			



Summer 2024 Registration Form School –Aged

PART 1 CHILD INFO

Last Name First Name					Dat	e of Birth	Age		
Address				_	Alle	ergies/Medica	al Conditions 🗌 YES	NO	
City	State Zip Code				lf y	If yes, what are they?			
Home Phone				_					
PART 2 FAMI	LY INFO								
<u>Mother</u> :					<u>Fathe</u>	<u>er</u> :			
Last Name	First Name			_	Las	t Name	First Name		
Address				_	Ado	dress			
City	State	Zip (Code	_	City	/	State	Zip Code	
Cell Phone	Woi	_	Cel	l Phone	Work	Phone			
Email				_	Em	ail			
PART 3 CAMP	INFO								
Summer Camp h fees are also incl		m to 5:3	30 pm. l	unch an	d snacks	s will be prov	vided. Weekly trips a	ind swimming	
Please check the like to attend.	number of days n	eeded. I	f you ar	e not co	ming 5 c	days a week,	please circle the da	ys you would	
🗌 5 Days	\$260.00	Μ	Т	W	Th	F			
4 Days	\$229.00	Μ	Т	W	Th	F			

3 Days \$185.00 M T W Th F
Estimated Drop Off:_____ Pick Up: _____

T-Shirt Size: Circle the appropriate size:

Youth: S M L XL Adult: S M L XL

PART 4 ADMINISTRATION

Current Student— NO FEE

Summer Only/New Student—\$50.00 NON-REFUNDABLE Yearly Registration Fee

CHECK #_____

Parent Signature:

Date: