



Community Preschool Registration Form

SUMMER FUN PROGRAM 2021

Session 1: June 23 – July 16

Session 2: July 19 – August 13



Child's Name: _____ Date of Birth: _____ Gender: Boy Girl

Address _____

1- Parent's Name: _____

Address: _____

Telephone: (H) _____ (C) _____

Occupation: _____ Telephone (W) _____

Parent's Email Address: _____

2- Parent's Name: _____

Address: _____

Telephone: (H) _____ (C) _____

Occupation: _____ Telephone (W) _____

Parent's Email Address: _____

Can we contact you via email regarding our program, and/or your tuition/account? Yes ___ No ___

Child's Doctor: _____ Telephone: _____

1. Language(s) spoken at home: _____

2. What are your child's group experiences? _____

3. Does your child have siblings? (Names and Ages): _____

4. Does your child have any ALLERGIES? Explain: _____

5. Are there any medical concerns that we should be aware of? (Such as; premature or difficulty at birth, sight or hearing concerns, asthma, heart condition/ concerns.) Please explain: _____

6. What else should we know about your child/family? _____

7. How did you hear about us? _____

AUTHORIZED EMERGENCY CONTACTS: (other than parents)

Please list persons who are authorized to pick-up your child in case of emergency if neither parent is available.

Person #1 _____

City/State: _____

Home Phone: _____

Cell Phone: _____

Relationship to Child: _____

Person #2 _____

City/State: _____

Home Phone: _____

Cell Phone: _____

Relationship to Child: _____

● **Choose a program:** HALF DAY: 9:00-12:00 or FULL DAY: 8:30-3:30

Session 1:

4 weeks: June 23 – July 16

___ 5 days Monday – Friday ___ Half day ___ FULL

___ 3 days Mon./Wed./Fri. ___ Half day ___ FULL

___ 2 days Tues. & Thu. ___ Half day ___ FULL

Session 2:

4 weeks: July 19 – August 13

___ 5 days Monday – Friday ___ Half day ___ FULL

___ 3 days Mon./Wed./Fri. ___ Half day ___ FULL

___ 2 days Tues. & Thu. ___ Half day ___ FULL

August 16-20

___ 5 days Monday – Friday ___ Half day ___ FULL

___ 3 days Mon./Wed./Fri. ___ Half day ___ FULL

___ 2 days Tues. & Thu. ___ Half day ___ FULL

June 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
20	21	22	23	24	25	26
27	28	29	30			

July 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

© www.calendarmedia.com 4: Independence Day 5: Independence Day (obs.) 6: Labor Day (obs.)

August 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

NEW!!

If you would rather have more flexibility and choose the weeks you will be sending your child to our Summer Fun Program, please circle the dates on the above calendar and check below for half day or full day.

___ 5 days Monday – Friday ___ Half day ___ FULL

Financial Agreement:

It is my desire to enroll _____ in Community Preschool for the 2021 Summer Fun Program. I agree with the policies and financial terms of the school as stated in the pamphlet. I understand that days and weeks cannot be swapped or credited under any circumstances. I understand that both the administration and the tuition fees are **non-refundable** and that weeks and sessions must be paid in full at least 2 weeks before the start of the session/week my child is registered for.

I understand that my child’s spot isn’t reserved until payment is submitted. By signing this financial agreement, I am the person responsible for tuition payments and all discussions about this agreement will also be my responsibility.

The school reserves the right to cancel a class or combine classes with insufficient enrollment. If the session that you registered for is cancelled, the administration fee and security deposit will be refunded.

Signature: _____ Date: _____

___ Immunization ___ Univ. Health Record ___ Flu Shot
 ___ Admin. Fees: \$ _____ # _____ ___ Sec. Deposit: \$ _____ # _____