



Community Preschool Registration Form

SUMMER FUN PROGRAM 2022

Session 1: June 27 – July 22

Session 2: July 25 – August 19



Child's Name: _____ Gender: Boy Girl

Address _____ Date of Birth: _____

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: _____

Best way to contact you: Email Phone Call Class Dojo

Child's Doctor: _____ Telephone: _____

- Language(s) spoken at home: _____
- Your child's siblings name(s) and ages: _____
- Your child's group experiences: _____
- Your child's **ALLERGIES**: _____
- Anything we should be aware of to better serve your child? (born prematurely, sight, hearing, speech, physical therapy)

- Any food restrictions? (vegan, vegetarian) _____
- Religion practiced? _____
- 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 _____

Person #2 _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

CellPhone: _____

Relationship to Child: _____

Relationship to Child: _____

- **Program options:** Half Day: 9:00-12:00 OR FULL DAY: 8:30-3:30
Session 1: June 27 to July 22 (4th of July off) Session 2: July 25 to August 19

Session 1: 4 weeks June 27 – July 22

5 days Monday – Friday half days FULL DAYS
 3 days Mon./Wed./Fri. half days FULL DAYS
 2 days Tues. & Thu. half days FULL DAYS

2's class	
HALF DAY (3hrs) 9:00 am-12:00 pm	FULL DAY (7hrs) 8:30 am-3:30 pm
Per 4-week session:	
5 days: \$445	5 days: \$870
3 days: \$320	3 days: \$615
2 days: \$240	2 days: \$465

Session 2: 4 weeks July 25 – August 19

5 days Monday – Friday half days FULL DAYS
 3 days Mon./Wed./Fri. half days FULL DAYS
 2 days Tues. & Thu. half days FULL DAYS

PreK 3 & PreK 4	
HALF DAY (3hrs) 9:00 am-12:00 pm	FULL DAY (7hrs) 8:30 am-3:30 pm
Per 4-week session:	
5 days: \$430	5 days: \$855
3 days: \$305	3 days: \$595
2 days: \$230	2 days: \$455

There is a registration fee of \$60. Siblings registering will receive a 50% discount* on the registration fee and *10% off the tuition. *% applied toward the 2nd child's registration and tuition

- **Or choose your preferred week(s):**

Pick your week(s), any week! ****Must be for the 5 days/week****

5 HALF days: \$125/week – Half Day: 9:00-12:00 OR

5 FULL days: \$235/week - FULL DAY: 8:30-3:30

June 27 to July 1st week 1 half days or FULL DAYS
 July 5 to July 8 week 2 half days or FULL DAYS
 July 11 to July 15 week 3 half days or FULL DAYS
 July 18 to July 22 week 4 half days or FULL DAYS
 July 25 to July 29 week 5 half days or FULL DAYS
 August 1 to August 5 week 6 half days or FULL DAYS
 August 8 to August 12 week 7 half days or FULL DAYS
 August 15 to August 19 week 8 half days or FULL DAYS



Scan this QR code to access all other required forms

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

Financial Agreement:

It is my desire to enroll _____ in Community Preschool for the 2022 Summer Fun Program. I agree with the policies and financial terms of the school as stated in the pamphlet and handbook. I understand that the tuition amount is per 4-week session. At the time of registration, the administration fee and tuition for one 4-week session are due. I understand that both fees are **non-refundable and that the session must be paid in full before my child(ren) may attend. Days missed for ANY reason are not refundable, not transferable to another child and may not be swapped, credited or added to a different week.**

I understand that my child's spot will be given to someone else if tuition isn't paid by Friday, June 17 for Session 1 and Friday, July 15 for Session 2. By signing this financial agreement, I am the person responsible for tuition payments and all discussions about this agreement will also be my responsibility.

Signature: _____ Date: _____

Admin. Fee: \$ _____ # _____ Sec. Deposit: \$ _____ # _____ Immunization
 Supplies Fee: \$ _____ # _____ Univ. Health Record Covid Waiver Checklist