FIDELITY HOUSE PRESCHOOL SUMMER REGISTRATION -2024 Weekly, Half Day, Full Day Options (Daily IF space allows)

1 ☑ **At Initial Registration**   Please fill out both sides of the registration form per child and leave a deposit.
   A $50.00 NON-REFUNDABLE deposit per week (per child) is required to hold the 1/2 day spots,
   A $100.00 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. IF space allows, we will accommodate individual day
registrations (minimum of 2 days per session) starting the Thursday before each session.

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			Town	Zip
Phone ( )			Date-of-Birth	Age
Emergency Name* *Other than Parent			Phone ( )	
Parent #1	Parent #1 Day Phone ( )		Parent #1 Cell Phone ( )	
Parent #1 Place of Employment	Parent #1's Occupation			
Parent #2 Name	Parent #2 Day Phone ( )		Parent #2 Cell Phone ( )	
Parent #2 Place of Employment	Parent #2'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

CAMP FEES

8:30 a.m. – 12:30 p.m.- ½ day option
1 WEEK = $235.00 ($150.00 for July 1 -July 3*)
SINGLE DAYS (if space allows) = $50.00 a day

8:30 a.m. – 4:30 p.m.- Full day option
1 WEEK = $470.00 ($285.00 for July 1- July 3*)
SINGLE DAYS (if space allows) = $100.00 a day

CHILD'S NAME _____   **PRESCHOOL SUMMER 2024**

Please circle "WEEK" your child will be attending. Individual DAYS will be allowed the preceding Thursday **IF** space allows. **8:30 a.m. – 12:30 p.m. HALF DAY** OPTION	Early 8 a.m. Drop Off $45 week $9 per day prepaid,	HALF DAY $ WEEK/ DAILY FEE $235.00 week $50.00 per day **TOTAL DUE**	Please circle "WEEK" your child will be attending. Individual DAYS will be allowed the preceding Thursday **IF** space allows. **8:30 a.m. –4:30 p.m. FULL DAY** OPTION	Early 8 a.m. Drop Off $45 week $9 per day prepaid,	FULL DAY $ WEEK / DAILY FEE $ 470.00week $100.00 per day **TOTAL DUE**	Extended Care 5 p.m. pick up $45 week $9 per day prepaid,	OFFICE USE
Week 1- June 10-14 WEEK or M • T • W• Th • F = days		$	WEEK or M ♦ T • W ♦ Th • F = days		$		$
Week 2- June 17 – 21 WEEK or M • T • W• Th • F = days		$	WEEK or M ♦ T • W ♦ Th • F = days		$		$
Week 3- June 24 – 28 WEEK or M • T• W •Th • F = days		$	WEEK or M • T • W • Th • F = days		$		$
Week 4- July 1 - 3 WEEK ($150) or M • T • W •T* • * = days (No Thursday or Friday, July 4 & 5)	$27 wk	$	WEEK or ($270) M • T• W • *• * = days (No Thursday or Friday, July 4 & 5))	$27	$	$27	$
Week 5- July 8 - 12 WEEK or M• T • W • Th • F= days		$	WEEK or M ♦ T • W ♦ Th • F = days		$		$
Week 6- July 15- 19 WEEK or M • T • W • Th • F= days		$	WEEK or M ♦ T • W ♦ Th • F = days		$		$
Week 7- July 22 - 26 WEEK or M • T • W • Th • F= days		$	WEEK or M ♦ T • W ♦ Th • F = days		$		$
Week 8- July 29 - August 2 WEEK or M • T • W • Th • F= days		$	WEEK or M ♦ T • W ♦ Th • F = days		$		$
Week 9- Aug. 5 - 9 WEEK or M • T • W • Th • F= days		$	WEEK or M ♦ T • W ♦ Th • F = days		$		$

TOTAL DUE $_____   Total Due $_____

For OFFICE USE ONLY

DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INIT	NOTES