FIDELITY HOUSE PRE-SCHOOL SUMMER PROGRAM REGISTRATION - 2010

Deposits, Child Information & Medical Immunization forms required to register

REGISTRATION INFORMATION

To register, fill out this application and either mail or bring it directly to Fidelity House. A $50.00 registration fee per child per week is required. This deposit will be credited toward the fee, but is non-refundable. If your child(ren) will be attending more than one week, payment may be made in full for all weeks, or on the Friday prior to the week attending.

FEES= $130 PER WEEK , $28 PER DAY (2 DAY MINIMUM)

We do encourage families to add days as your child enjoys the experience, space permitting. Please be aware there will be a $5 processing **fee per day switch. N**o additional fee for adding days.

CHILD'S INFORMATION

PLEASE FILL OUT INFO COMPLETELY & CLEARLY

Name		Male	Female
Address	Town		Zip
Phone ( ) Family Email	Date-of-Birth		Age
Emergency Name* *Other than Parent		Phone( )	
Mother's Name	Day Phone ( )	Cell Phone ( )	
Father's Name	Day Phone ( )	Cell Phone ( )	

I give my permission for _____ to attend Fidelity House Preschool Program, and in no way hold Fidelity House, it's staff or sponsors responsible for any accident or illness to my child while attending . _____

Signature-Parent/Guardian Date

PLEASE CIRCLE WEEK(S) OR INDIVIDUAL *DAYS*			$ per week, per day	Office use only	OFFICE S-C-Fee or additional days $	New Balance $
Week 1- June 14-18	**M ♦ T • W ♦ Th • F =**	**days**	$	c	$	
Week 2- June 21-25	**M ♦ T • W ♦ Th • F =**	**days**	$	c	$	
Week 3- June 28 – July 2	**M • T • W* Th * F =**	**days**	$	c	$	
Week 4- July 6 – 9	**Holiday ♦ T • W ♦ Th • F= $100/wk**	**days**	$	c	$	
Week 5- July 12-16	**M • T • W ♦ Th • F=**	**days**	$	c	$	
Week 6- July 19-23	**M ♦ T • W ♦ Th • F=**	**days**	$	c	$	
Week 7- July 26 – 30	**M • T • W • Th • F=**	**days**	$	c	$	
Week 8- Aug. 2 - 6	**M •T • W ♦ Th • F=**	**days**	$	c	$	
Week 9- Aug. 9-13	**M • T • W ♦ Th • F=**	**days**	$	c	$	
Week 10- Aug. 16 - 20	**M ♦ T • W ♦ Th • F=**	**days**	$	c	$	
	T O T A L D U E		**$**	Revised Total	Due	$

For OFFICE USE ONLY OCCS MED FORMS GIVEN

DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INIT	NOTE