FIDELITY HOUSE PRE-SCHOOL SUMMER PROGRAM REGISTRATION - 2011

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

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	Phone ( )
Address		Town	Zip
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 13-17	**M ♦ T • W ♦ Th • F =**	**days**	$	c	$	
Week 2- June 20-24	**M ♦ T • W ♦ Th • F =**	**days**	$	c	$	
Week 3- June 27 – July 1	**M • T • W* Th * F =**	**days**	$	c	$	
Week 4- July 5 – 8	**Holiday ♦ T • W ♦ Th • F= $100/wk**	**days**	$	c	$	
Week 5- July 11-15	**M • T • W ♦ Th • F=**	**days**	$	c	$	
Week 6- July 18-22	**M ♦ T • W ♦ Th • F=**	**days**	$	c	$	
Week 7- July 25 – 29	**M • T • W • Th • F=**	**days**	$	c	$	
Week 8- Aug. 1 - 5	**M •T • W ♦ Th • F=**	**days**	$	c	$	
Week 9- Aug. 8- 12	**M • T • W ♦ Th • F=**	**days**	$	c	$	
Week 10- Aug. 15 - 19	**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