

FIDELITY HOUSE PRESCHOOL SUMMER REGISTRATION -2020 Weekly, Daily, Half Day, Full Day Options

1 **Register online. We will send you an invoice based on your registration (and space availability).**

Once invoiced, a **\$40.00 NON-REFUNDABLE deposit per week** (per child) is required to hold the 1/2 day spots, A **\$75.00 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.** The balance of the week is due by the preceding week. **Please be aware there will be a \$5 processing fee per day to switch days(if space availability allows)** A \$5 per day fee will be added for last minute registrations during the week. We appreciate everyone's understanding during this unique summer!

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			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Town</td> <td style="width: 40%;">Zip</td> </tr> </table>	Town	Zip
Town	Zip				
Phone ()			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Date-of-Birth</td> <td style="width: 40%;">Age</td> </tr> </table>	Date-of-Birth	Age
Date-of-Birth	Age				
Emergency Name* *Other than Parent			Phone ()		
Mother's Name	Day Phone ()		Cell Phone ()		
Mother's Place of Employment	Mother's Occupation				
Father's Name	Day Phone ()		Cell Phone ()		
Father's Place of Employment	Father'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

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8:30 a.m. – 12:30 p.m.- ½ day option

1 WEEK = \$180.00 (\$140.00 for June 29 -July 2*)
SINGLE DAYS = \$40.00 a day

8:30 a.m. – 4:30 p.m.- Full day option

1 WEEK = \$360.00 (\$280.00 for June 29 - July 2*)
SINGLE DAYS = \$80.00 a day

CHILD'S NAME _____

PRESCHOOL SUMMER 2020

Please circle "WEEK" or individual DAYS Your child will be attending 8:30 a.m. – 12:30 p.m. HALF DAY OPTION	Early 8 a.m. Drop Off \$30 week \$7 per day prepaid.	HALF DAY \$ WEEK/ DAILY FEE \$180.00 week \$40.00 per day TOTAL DUE	Please circle "WEEK" or individual DAYS Your child will be attending 8:30 a.m. – 4:30 p.m. FULL DAY OPTION	Early 8 a.m. Drop Off \$30 week \$7 per day prepaid.	FULL DAY \$ WEEK / DAILY FEE \$ 360.00week \$80.00 per day TOTAL DUE	Extended Care 5 p.m. pick up \$30 week \$7 per day prepaid,	OFFICE USE
Week - June 29 – July 2 WEEK (\$140) or M • T • W • Th • * = days (No Friday, July 3)		\$	WEEK (\$280) or M • T • W • Th • * = days		\$		\$
Week - July 6 - 10 WEEK or M • T • W • Th • F = days		\$	WEEK or M • T • W • Th • F = days		\$		\$
Week - July 13 - 17 WEEK or M • T • W • Th • F = days		\$	WEEK or M ♦ T • W ♦ Th • F = days		\$		\$
Week- July 20-24 WEEK or M • T • W • Th • F = days		\$	WEEK or M ♦ T • W ♦ Th • F = days		\$		\$
Week - July 27 - 31 WEEK or M • T • W • Th • F = days		\$	WEEK or M ♦ T • W ♦ Th • F = days		\$		\$
Week - August 3 -- 7 WEEK or M • T • W • Th • F = days		\$	WEEK or M ♦ T • W ♦ Th • F = days		\$		\$
Week - Aug. 10 - 14 WEEK or M • T • W • Th • F = days		\$	WEEK or M ♦ T • W ♦ Th • F = days		\$		\$
Week - Aug. 17 - 21 WEEK or M • T • W • Th • F = days		\$	WEEK or M ♦ T • W ♦ Th • F = days		\$		\$
Week - Aug. 24 - 28 WEEK or M • T • W • Th • F = days		\$	WEEK or M ♦ T • W ♦ Th • F = days		\$		\$
Week - Aug. 31 – Sept. 4 WEEK or M • T • W • Th • F = days		\$	WEEK or M ♦ T • W ♦ Th • F = days		\$		\$

For OFFICE USE ONLY

TOTAL DUE \$ _____

Total Due \$ _____

Revised **TOTAL**
\$ _____

DATE	RECEIPT #	AMOUNT DUE	AMOUNT PAID	BALANCE	INIT	NOTES