



St. Nicholas Preschool
Summer Enrichment Program
June 26 - August 4

Half-Day Summer Camp
8:00 am - 12:30 pm
Daycare Available Too!
Weekly Themed Activities

- ◆ Week One: Space
- ◆ Week Two: Oceanography
- ◆ Week Three: Independence Day
- ◆ Week Four: Animals
- ◆ Week Five: Inside-Out
- ◆ Week Six: Ooey-Goey

WATER PLAY! PICNIC LUNCH! OUTDOOR ACTIVITIES!

SAVE THE DATE! ENROLLMENT WILL BEGIN IN MARCH.



St. Nicholas School

2017 Preschool Summer Camp

Join us for six weeks of fun!
June 26-August 4



Register before April 13 and save \$50! Current St. Nicholas preschool students must register to hold a space. Six week Summer Camp session will be offered from 8:00 am – 12:30 pm. Daycare is also available. Activities include water play, themed activities and age-appropriate field trips.



- Week 1: Space Exploration- 6/26
- Week 2: Oceanography- 7/3
- Week 3: Independence Day- 7/10
- Week 4: Animals- 7/17
- Week 5: Inside-Out-Backwards- 7/124
- Week 6: Ooey-Gooey- 7/31

(School will be closed on Monday, July 4 for Independence Day.)

Preschool Summer Camp Registration

REGISTRATION: A non-refundable Registration Fee of \$50, this completed Registration form, and the Health and Emergency Information form must all be submitted together in the office before registration can be confirmed.

- Early Registration (from March 6 – April 13) \$50 per child, will be applied toward camp tuition
- Late Registration (after April 13) \$50 per child

TUITION PAYMENTS (non-refundable):

- One-half of the total tuition must be received by April 13 as a deposit.
- The final balance must be received by June 12.
- If registering after June 2, total balance is due upon registration.

Print Student's Name: _____ Birth Date: _____

Program Options	Days	Times	Tuition	Total
FULL DAY (With Daycare)	Monday - Friday	7:00 am - 6:00 pm	\$ 1,585.00	
HALF DAY	Monday - Friday	8:00 am - 12:30 pm	\$ 900.00	
THREE DAYS (circle days)	M T W Th F	8:00 am - 12:30 pm	\$ 675.00	
MORNING DAYCARE	Enrolled Days	7:00 am - 8:00 am	\$ 145.00	
AFTERNOON DAYCARE	Enrolled Days	12:30 pm - 3:00 pm	\$ 375.00	
AFTERNOON DAYCARE	Enrolled Days	12:30 pm - 6:00 pm	\$ 660.00	
Subtotal				
Registration Fee paid on (date _____) <\$50>				
Total Due				
Deposit Due by April 13				
Final Balance Due by June 12				

Any change in schedule must be approved by the Preschool Director and the school office two weeks prior to a change. Any student not picked-up by 12:30 pm will automatically be placed in Daycare, at the parents' expense.

I understand that after 6:00 pm, a \$12.00 fee per student will be charged for each half-hour, or portion thereof. St. Nicholas School reserves the right to cancel any class for which there is insufficient enrollment. Refunds will be made in this case.

Parent Signature: _____

Date: _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME		LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD		LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE _____ DATE _____

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION _____ DATE LEFT _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()