



**Application for
Preschool Summer Program 2026
June 9 - July 30
Tuesday-Thursday, 9am-2pm**

Activity Fee **\$45 due no later than May 14.**
Registration Fee **\$50 due at registration for new enrollment only**

Enclosed is my check # _____ for \$ _____ (Reg. Fee + July's Tuition).

Please print your child's name in the space beside class selection.
Classes based on child's age as of August 1, 2026.

18 months:

1. _____ Tuesday, Wednesday & Thursday = \$330/Monthly

2 years:

1. _____ Tuesday, Wednesday & Thursday = \$330/Monthly

3 years:

1. _____ Tuesday, Wednesday & Thursday = \$330/Monthly

4 years:

1. _____ Tuesday, Wednesday & Thursday = \$330/Monthly

I understand that acceptance of this application depends upon the school's assessment of its ability to meet my child's needs, classroom size, teacher/child ratio. **I understand that all fees are non-refundable and children are placed on a first come basis.**

Parent Signature:

Date:



Child's Name: _____ Birth Date: _____

Parents' Names: (Parent A) _____
(Parent B) _____

Address: _____ City: _____ State: _____ Zip: _____

Parent A Home Phone #: _____ Parent B Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Work Phone #: _____

Email Address: _____

Email Address: _____

In case of emergency, please call: _____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

Allergies or special needs: _____

Pediatrician Name: _____ Phone #: _____

Interested in extended care(morning/afternoon/both) _____

Parent's Signature: _____ Date Submitted: _____

For Office Use Only:

Received by: _____ Date Received: _____

Time Received: _____