



**Application for  
Preschool Summer Program 2025  
June 10 - July 30  
Tuesday-Thursday, 9am-2pm**

**Closed June 19**

**Activity Fee** \$45 due no later than May 22.  
**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, 2025.**

**18 months:**

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

**2 year:**

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

**3 year:**

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

**4 year:**

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 # \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

---

**For Office Use Only:**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_