

Selwyn UMC Preschool Registration for Summer Camp 2019

Registration deadlines: Open now for currently enrolled families (this year or Fall 2019).
 Summer alumni families: Processed February 11. New families: February 14

Child's Name: _____ DOB*: _____ Gender: _____
Month/Day/Year

***AGES: One-year-old (by February 28, 2019) through completed Kindergarten**

T-shirt size (Circle one): 2T 3T 4T 5T Youth XS S M L

Main contact (circle one): Mother/Father/Other Name: _____

Cell: _____ Email: _____

Any special needs for your child? (Food allergies, developmental issues, physical challenges, etc.)

Place my child with a friend, if possible: _____

(We will do our best to abide by this request, but cannot guarantee placement.)

Please register my child for the following week(s):

- | | |
|--|--|
| <input type="checkbox"/> Week 1: June 11-12-13 | <input type="checkbox"/> Week 4: July 16-17-18 |
| <input type="checkbox"/> Week 2: June 18-19-20 | <input type="checkbox"/> Week 5: July 23-24-25 |
| <input type="checkbox"/> Week 3: June 25-26-27 | <input type="checkbox"/> Week 6: July 30-31-Aug. 2 |
| | <input type="checkbox"/> Week 7: August 6-7-8 |

Fees include a T-shirt, supplies, and all activities. Forms and payment may be scanned and submitted by email, or dropped off Mon-Fri, 9am – 1 pm. (No photos, please.) You do not have to be present to register.

A. Registration fee is per child (non-refundable)

(First child = \$20.00 flat rate, \$10.00 for each sibling)

A. \$ _____

B. Tuition per child (non-refundable): ½ due now, ½ due May 15

1-4 weeks: \$110.00 each 5+ weeks: \$90.00 each

Calculate: # wks X \$ Amount/wk = \$ Total (½ now) B. \$ _____

A + B Due Now \$ _____

Payments are processed/deposited only if there is space for your child.

Payment _____	Check _____	Cash _____	Existing Tuition Express Acct. _____
<small>(Payable to Selwyn UMC Preschool)</small>		<small>Exact Change</small>	<small>(Processed upon confirmation of dates)</small>
Credit Card (no added fees) _____		_____	
<small>(Processed upon confirmation of dates)</small>		<small>Name on card</small>	<small>CVV#</small>
_____	_____	_____	_____
<small>Address</small>	<small>Card number</small>	<small>Exp. Date</small>	

____ I/We agree to provide the following **prior** to the first day of camp: Immunization Records, Emergency Contact Form.

Parent Signature

Date