



ABIDING PRESENCE PRESCHOOL Summer Camp 2018 Registration Form For Ages 3, 4, and 5



Child's First & Last Name _____

Age _____ Child's Birth Date _____ female male

Parents or legal guardian: _____

Email: _____ Phone: _____ cell: _____

Address: street: _____ town: _____ zip: _____

Allergies _____

Choose one, two, or three, weeks. 3 days (Tuesday, Wednesday, Thursday) 9:00am -12:00pm.

____*SESSION 1:	JULY 10 - 12	\$ _____
____*SESSION 2:	JULY 17 - 19	\$ _____
____*SESSION 3:	JULY 24 - 26	\$ _____
Total Amount Due:		\$ _____

<i>For office use:</i>	
Birth Certificate	_____
Medical/Immunization	_____
Emergency Card	_____
Paid	_____ cash
	_____ check # _____
Due 6/13:	_____

Tuition is \$125.00 per week. A non-refundable payment of \$50.00 per week is included in the weekly cost. A 10% discount will be given for each sibling enrolled. The summer program balance is due June 13th.



Children bring their own healthy snack each day. Each child is asked to bring a refillable water bottle to school each day.

Birth Certificate/Passport, Medical & Immunization report, and Emergency Card required for any child not attending Abiding Presence during the 2017-2018 school year. Abiding Presence forms available in the office.

In case of injury, when a parent cannot be contacted, I hereby grant my permission for St. Catherine's or Huntington Hospital to provide a physician for necessary emergency treatment.

My child's photo may be used for publicity purposes. (Name will not be used)

Parent's Signature: _____ Date _____

Questions? Contact Adrienne Nicchio, 631-269-4898 or aplcpreschool@gmail.com

