



2023 Sumer Camp Registration Form Two year olds

Dear Parents,

We are pleased that you are considering Pixie Pre-School for your child. Please fill out the enclosed registration form and return, as soon as possible, to assure the time period you desire for your child.

In order for us to process the registration form and register your child, you must include the \$125 non-refundable registration fee.

Your full tuition payment will be due your child's first day of Camp.

Tuition will then be due the first of each month. Payments accepted Cash, Checks made out to Pixie Preschool and Credit Card or ACH transfer via our Brightwheel app (fee applicable)

HALF DAY HOURS: MORNING 9:00 A.M. - 12:30 P.M.

FULL DAY HOURS: 7:00 A.M. - 6:00 P.M.

Your child will also need to have the state required health form filled out and returned to us prior to beginning school.

Thank You,
January Gomolka
Director

Registration Fee & Activity fee \$125.00 due ASAP

Half Day

Morning schedule is 9:00 A.M. - 12:30 P.M.

(Half day includes the lunch hour.

Please send your child in with a lunch.)

2 days per week	\$85 per week	\$340.00/mo
3 days per week	\$115 per week	\$460.00/mo
4 days per week	\$145 per week	\$580.00/mo
5 days per week	\$175 per week	\$700.00/mo

Full Day

Full Day Hours 7:00AM - 6:00PM

Drop off time is 7:00 A.M. - 9:00 A.M.

Pick up time is 3:00 P.M. - 6:00 P.M.

2 days per week	\$161 per week	\$644.00/mo
3 days per week	\$214 per week	\$856.00/mo
4 days per week	\$271 per week	\$1084.00/mo
5 days per week	\$328 per week	\$1312.00/mo

Sibling Discounts:

Second child 10% off monthly tuition for full day students

Second child \$10 off monthly tuition for half day students

Summer Camp is an 8 week program from July-August

PIXIE PRE-SCHOOL
2023 Summer Camp Registration Form

429 Main St.
Spotswood, N.J. 08884
732-251-3130 Fax 732 251-3777
admin@pixiepreschool.org

Name of Child: _____
(Last Name) (First Name)

Male _____ Female _____ Date of Birth: _____

Address: _____
(Street) (Town) (Zip)

Parent Names: _____
(Mother) (Father)

Email Addresses: _____
(Mother) (Father)

Best Phone # _____
To reach you (Mother) (Father)

Family Doctor Name: _____ Phone: _____

One Friend/Relative to be notified in an Emergency, if both parents are unavailable, must be local.

Name: _____ Phone: _____

Other Members of the Household: (Sister, Brother, (ages), Grandparents, etc.)

Does your child have any special considerations, allergies or food restrictions: Please Explain?

I HAVE READ AND UNDERSTAND THE FOLLOWING:

1. IN THE EVENT OF A MEDICAL EMERGENCY, I AUTHORIZE PIXIE PRE-SCHOOL TO SEEK EMERGENCY MEDICAL CARE FOR MY CHILD AS DEEMED NECESSARY BY THE DIRECTOR.
2. \$125 REGISTRATION FEE IS NONREFUNDABLE.
3. There are NO CREDITS, SWITCHING OF DAYS OR MAKE UP DAYS due to illness, absences, inclement weather, school closings, etc. (vacation days must be prearranged)
4. Payments are due the first week of each month. A \$40.00 late fee will be charged after the 10th. Unpaid tuition will forfeit your child's placement in his/her class. Special arrangements may be made with the office for an alternate payment plan.
5. Extra days may be added when needed with director approval. Full day is \$80 - Half day \$50.
6. A fee of \$40.00 will be charged for each RETURNED check. If two RETURNED checks are received within the school year, further payments must be made with cash or money orders. No further checks will be accepted.

(Signature)

(Date)

Camp T Shirt sizes

YXS YS YM YL YXL

*****PLEASE CIRCLE THE WEEKS YOUR CHILD WILL BE ATTENDING*****

WK1 7/5 - 7/7	WK2 7/10-7/14	WK3 7/17-7/21	WK4 7/24 - 7/28
WK5 7/31 - 8/4	WK6 8/7 - 8/11	WK7 8/14- 8/18	WK8 8/21 - 8/25

PROGRAM DAYS ARE: 2 days 3 days 4 days 5 days

PLEASE CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING:

MON TUES WED THURS FRI

HALF DAY PROGRAM (9a-12:30p)_____

FULL DAY PROGRAM (7a-6p) _____

ENCLOSE \$125.00 NON REFUNDABLE REGISTRATION FEE

****TUITION PAYMENT WILL BE DUE ON FIRST DAY OF CAMP**

OFFICE USE ONLY DO NOT WRITE IN THIS SPACE

REGISTRATION FEE _____

DATE RECEIVED _____

TUITION FEE _____

TEACHER _____

HEALTH FORM _____

TOTAL FEES PAID _____