

2024 Summer Camp Registration Form Three years old and up

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, Check made out to Pixie Preschool and Credit Card or ACH transfer via our Brightwheel app (fee applicable)

HALF DAY HOURS: 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 camp.

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	\$90 per week	\$359.00/mo
3 days per week	\$119 per week	\$474.00/mo
4 days per week	\$150 per week	\$598.00/mo
5 days per week	\$181 per week	\$724.00/mo

Special 9-3 rate	2 Days \$131 per week	\$ 521.00 per month
No before or aftercare	3 Days \$172 per week	\$ 688.00 per month
Included	4 Days \$217 per week	\$ 868.00 per month
	5 Days \$263 per week	\$ 1050.00 per month

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	\$170 per week	\$678.00/mo
3 days per week	\$224 per week	\$895.00/mo
4 days per week	\$283 per week	\$1129.00/mo
5 days per week	\$342 per week	\$1365.00/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

2024 Summer Camp Registration Form
429 Main St.
Spotswood, N.J. 08884
732-251-3130 Fax 732 251-3777 admin@pixiepreschool.org

Name of Chi	ild:			
	(Last Name)	(First Name)		
MaleF	male Date of Birth:			
Address:				
	(Street)	(Town)	(Zip)	
Parent Name				
Email Addre	(Mother)	(Father)		
Best Phone : To reach yo		(Father)		
	(Mother)	(Father)		
Family Doct	or Name:	Phone:		
One Friend/	Relative to be notified in an Emergency,	. if both parents are unavailable. mu	ust be local.	
		•		
Name:		Pnone:		
Does your cl	hild have any special considerations, alle	ergies or food restrictions: Please Ex	kplain:	
I HAVE READ	O AND UNDERSTAND THE FOLLOWING:			
1.	IN THE EVENT OF A MEDICAL EMERGEN EMERGENCY MEDICAL CARE FOR MY CH			
2.	\$125 REGISTRATION FEE IS NONREFUN	DABLE.		
3.	There are NO CREDITS, SWITCHING OF weather, school closings, etc. (vacation)		ss, absences, inclement	
4.	4. Payments are due the first week of each month. A \$40.00 late fee will be charged after the 10 th . 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 neede	Extra days may be added when needed with director approval. Full day is \$85 - Half day \$55.		
6.	A fee of \$40.00 will be charged for eathe school year, further payments muaccepted.			
	(Signature)		(Date)	

PLEASE CIRCLE THE WEEKS YOUR CHILD WILL BE ATTENDING

	WK1 7/1 - 7/5 (closed 7/4)	WK2 7/8-7/12	WK3 7/15-7/19	WK4 7/22 - 7/26	
	WK5 7/29 - 8/2	WK6 8/5 - 8/9	WK7 8/12- 8/16	WK8 8/19 - 8/23	
	We are closed A	ugust 26 th until th	e first day of school	Sept. 4 th	
:	3-4 YEAR OLD PR	OGRAM	4-5 YEAR OLD P	ROGRAM	
PROGRAM DA	AYS ARE: 2 d	ays 3 days	4 days 5 days		
PLEASE CIRCL	E THE DAYS YOUR	R CHILD WILL BE AT	TTENDING:		
MON TUES WED THURS FRI					
HALF DAY PROGRAM (9a-12:30p)					
	Spe	ecial rate 9am- 3pn	n		
FULL DAY PROGRAM (7a-6p)					
ENCLOSE \$125.00 REGISTRATION FEE **TUITION PAYMENT WILL BE DUE ON FIRST DAY OF CAMP					
OFFICE USE ONLY DO NOT WRITE IN THIS SPACE					
REGISTRATIO TUITION FEE	N FEE		DATE RECEIVED TEACHER HEALTH FORM		
TOTAL FEES	PAID				