

2025 Summer Camp Registration Form Two year olds

Dear Parents,

We are pleased that you are considering Pixie Pre-School Summer Camp 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 \$150 non-refundable registration (activities) 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: 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 \$150.00 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	\$102 per week	\$408.00/mo
3 days per week	\$131 per week	\$523.00/mo
4 days per week	\$164 per week	\$653.00/mo
5 days per week	\$198 per week	\$790.00/mo

Special 9-3 rate	2 Days \$148 per week	\$ 591.00 per month
No before or aftercare	3 Days \$191 per week	\$ 759.00 per month
Included	4 Days \$237 per week	\$ 948.00 per month
	5 Days \$288 per week	\$ 1147.00 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	\$192 per week	\$769.00/mo
3 days per week	\$248 per week	\$987.00/mo
4 days per week	\$308 per week	\$1232.00/mo
5 days per week	\$373 per week	\$1491.00/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 June 30th - August 22nd

PIXIE PRE-SCHOOL

2025 Summer Camp Registration Form 429 Main St. Spotswood, N.J. 08884 732-251-3130 Fax 732 251-3777 admin@pixiepreschool.org

Name of Chile	d:			
	(Last Name)	(First Name)		
MaleFe	pale Date of Birth:			
Address:				
	(Street)	(Town)	(Zip)	
Parent Name	(Mother)	(Father)		
Email Addres		(Father)		
Best Phone # To reach you		(Father)		
ro reach you	(Mother)	(Father)		
Family Docto	r Name:	Phone:		
One Friend/R	Relative to be notified in an Emerge	ency, if both parents are unavailable, r	must be local.	
Name:		Phone:	· · · · · · · · · · · · · · · · · · ·	
	ild have any special considerations AND UNDERSTAND THE FOLLOWIN	s, allergies or food restrictions: Please	Explain?	
1.	IN THE EVENT OF A MEDICAL EME	RGENCY, I AUTHORIZE PIXIE PRE-SCHOO MY CHILD AS DEEMED NECESSARY BY THE		
2.	\$150 REGISTRATION FEE IS NONR	50 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.	tuition will forfeit your child's pl	yments are due the first week of each month. A \$40.00 late fee will be charged after the 10 th . Unpaid tion will forfeit your child's placement in his/her class. Special arrangements may be made with the fice for an alternate payment plan.		
5.	Extra days may be added when n	ra days may be added when needed with director approval. Full day is \$85 - Half day \$55.		
6.		or each RETURNED check. If two RETUR ts must be made with cash or money ord		
	(Signatur	re)	(Date)	

PLEASE CIRCLE THE WEEKS YOUR CHILD WILL BE ATTENDING

WK1 6/30 - (CLOSED 7/4)	7/3 WK2 7/7-7/11	WK3 7/14-7/18 WK4 7/21 - 7/25		
WK5 7/28 -	8/1 WK6 8/4 - 8/8	WK7 8/11- 8/15 WK8 8/18 - 8/22		
We are	e closed August 25 th un	ntil the first day of school Sept 2 nd		
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)				
	Special 9-3 pro	ogram		
FULL DAY PROGRAM (7a-6p)				
ENCLOSE \$150.00 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				