

2025 Summer Camp Registration Form Three years old and up

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, 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 \$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	\$95 per week	\$377.00/mo
3 days per week	\$124 per week	\$493.00/mo
4 days per week	\$155 per week	\$616.00/mo
5 days per week	\$187 per week	\$746.00/mo

Special 9-3 rate	2 Days \$138 per week	\$ 547.00 per month
No before or aftercare	3 Days \$179 per week	\$ 716.00 per month
Included	4 Days \$224 per week	\$ 894.00 per month
	5 Days \$271 per week	\$ 1082.00 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	\$179 per week	\$712.00/mo
3 days per week	\$233 per week	\$931.00/mo
4 days per week	\$292 per week	\$1163.00/mo
5 days per week	\$353 per week	\$1406.00/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 Ch			 	_
	(Last Name)	(First N	Name)	
MaleF	emale	Date of I	Birth:	
Address:	(6: 1)			
	(Street)	(Town))	(Zip)
Parent Nam	es:(Mot		(Father)	
Email Addre			(rather)	
Best Phone To reach yo	==	her)	(Father)	
	(Mothe		(Father)	
Family Doc	or Name:		_Phone:	
One Friend	Relative to be notified in	n an Emergency, if both p	parents are unavailable, mu	st be local.
Name:			Phone:	
Other Mem	hers of the Household: (S	ister, Brother, (ages), Gr	andnarents etc.)	
Other Mem	sers of the flousehold, (s	ister, brother, (ages), or	anaparenes, ecc.,	
	hild have any special cor D AND UNDERSTAND THE		food restrictions: Please Ex	plain:
1.			THORIZE PIXIE PRE-SCHOOL T EEMED NECESSARY BY THE D	
2.	\$150 REGISTRATION F	EE 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 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 ad	days may be added when needed with director approval. Full day is \$85 - Half day \$55.		
6.				D checks are received within s. No further checks will be
		(Signature)		Date)

PLEASE CIRCLE THE WEEKS YOUR CHILD WILL BE ATTENDING

	WK1 6/30 - 7/3 (CLOSED 7/4)	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 close	ed August 25 th unt	til the first day of so	hool Sept 2 nd	
	3-4 YEAR OLD PRO	OGRAM	4-5 YEAR OLD F	ROGRAM	
PROGRAM D	DAYS ARE: 2 da	ays 3 days	4 days 5 days		
PLEASE CIRC	CLE THE DAYS YOUR	CHILD WILL BE AT	TENDING:		
		MON TUES	WED THURS FRI		
	НА	LF DAY PROGRAM	(9a-12:30p)		
			n- 3pm		
	F	·	.M (7a-6p)	<u> </u>	
	ENCLOSE	\$150.00 NON REI	FUNDABLE REGISTRA	ATION FEE	-
	TUITION	PAYMENT WILL BI	E DUE ON FIRST DAY	OF CAMP	
OFFICE USE	ONLY DO NOT WRITE	IN THIS SPACE			
REGISTRATI	ON FEE		DATE RECEIVED		
TUITION FEE	E		TEACHER		_
			HEALTH FORM		_
TOTAL FEE	S PAID				