Dear Parents,

We are so excited to start registering for our super summer camp!! We have many exciting arts and crafts, science projects, sports, visitors and water play planned for this year.

Please fill out the enclosed registration form and return it with the $50 registration fee to ensure your spot.

Tuition will be due the first week of each month or weekly depending on your choice of payment plan. Pixie accepts cash or check payments made to Pixie Preschool and ach and Credit card payments with a fee on our Brightwheel app.

We look forward to another amazing summer with our Pixie family.

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

**AFTERNOON – 11:30 A.M.– 3:00 P.M.**

**FULL DAY HOURS: 7:00 A.M. – 6:30 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 $50.00 due in May**

**Half Day Morning schedule is 9:00 A.M. – 12:30 P.M.**

**Afternoon schedule is 11:30 A.M. – 3:00 P.M.**

(Half day includes the lunch hour.

Please send your child in with a lunch.)

2 days per week $60 per week $238.00/ mo

3 days per week $76 per week $305.00 /mo

4 days per week $98 per week $390.00 /mo

5 days per week $119 per week $477.00 /mo

**Full Day Full Day Hours 7:00AM – 6:30PM**

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

Pick up time is 3:00 P.M. – 6:30 P.M.

2 days per week $106 per week $424.00 /mo

3 days per week $141 per week $564.00 /mo

4 days per week $184 per week $735.00 /mo

5 days per week $216 per week $865.00 /mo

**Before Care 7-9 am After Care 3-6:30pm**

**Daily Rate is $11.00/day Daily Rate is $16.00/day**

**Monthly rate: 2 days $80 Monthly rate: 2 days $114**

**3 days $114 3 days $172**

**4 days $152 4 days $230**

**5 days $190 5 days $295**

**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**

**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.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­

**What Language is spoken at home if other than English?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. REGISTRATION FEE IS NONREFUNDABLE $50 DEPOSIT

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 $25.00 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 $50 – Half day $35.

6. A fee of $25.00 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)

**2 YEAR OLD PROGRAM**\_\_\_\_\_\_\_\_\_ **3 YEAR OLD PROGRAM**\_\_\_\_\_\_\_\_\_

**4 YEAR OLD PROGRAM**\_\_\_\_\_\_\_\_\_

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

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

**WK1 7/6 – 7/10 WK2 7/13-7/17 WK3 7/20-7/24 WK4 7/27 - 7/31**

**WK5 8/3 – 8/7 WK6 8/10 – 8/14 WK7 8/17– 8/21 WK8 8/24 – 8/28**

**Camp is closed July 1st, 2nd & 3rd and August 31st until September 9th for Summer Break**

PLEASE CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING:

MON TUES WED THURS FRI

**MORNING PROGRAM (9-12:30)** \_\_\_\_\_\_\_\_\_\_**AFTERNOON PROGRAM (11:30-3)**\_\_\_\_\_\_\_\_

**FULL DAY PROGRAM (7-6:30)** \_\_\_\_\_\_\_\_\_\_

**EXTENDED CARE PROGRAM**

**\*\*Before care & after care program is included for children enrolled in full day program**

**\*\*For an additional fee half day children may participate in our before care & after care program.**

Before school care - 7:00 A.M. - 9:00 A.M. - \_\_\_\_\_\_\_\_ # OF DAYS 2 3 4 5 (CIRCLE ONE)

After school care - 3:00 P.M. - 6:30 P.M. - \_\_\_\_\_\_\_\_\_ # OF DAYS 2 3 4 5 (CIRCLE ONE) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENCLOSE $50.00 REGISTRATION FEE**

**----------------------------------------------------------------------------------------------------------------**

**OFFICE USE ONLY DO NOT WRITE IN THIS SPACE**

REGISTRATION FEE ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_

TUITION FEE \_\_\_\_\_\_\_\_\_\_\_\_ TEACHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TUITION FEE \_\_\_\_\_\_\_\_\_\_\_\_ HEALTH FORM \_\_\_\_\_\_\_\_\_\_\_\_

Discount Sibling/Employee \_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL FEES** **PAID** \_\_\_\_\_\_\_\_\_\_\_\_