Welcome to the Crieve Hall Summer Program.

The summer program will be Tuesday, June 4th – Thursday, July 11th. This will be a six week long summer fun program. We will accept children already enrolled in our program and those enrolled for the fall school year ages 2 through 5 (going into Kindergarten). We will be closed on Thursday, July 4th.

6 weeks Tuesday and Thursday: $400.00

Registration and Supply fee for the summer is $50.00 total. These fees are non-refundable. The fees reserve your child’s space. **Payment for the summer session is due Tuesday, June 4th.**

In the case of absence from school during the summer, please notify the school on brightwheel. This allows the teacher to prepare for the day. Being absent from school does not reduce the tuition.

Please scan the QR code on your car rider tag each morning in car rider line and each afternoon. Car rider line will begin at 9:30 and dismissal begins at 2:30. We offer early class that begins at 8:30 and is $10.00 each time you use early class. We offer a late class that will begin as soon as the doors close from dismissal (2:40) and ends promptly at 3:30 and is $10.00 each time you use late class. If you are after 3:30 picking up your child $1.00 per minute you are late will be added to your account.

Each day will consist of outdoor play (weather permitting), Bible story, and art/crafts activity.

Each child needs to bring school bag, lunch, water bottle or sippy cup each day they are attending school. Children in our 2 year old and 3 year old classes will need to bring a blanket/lovey for nap time each day. Be sure to label everything your child brings to school. A change of clothes must be left at school in case of accidents.

We furnish snack, which can be goldfish, animal crackers, vanilla wafers, butter cookies, or crackers. Milk, juice, and water are provided. Please send your child a lunch each day. Lunches are not refrigerated nor will they be microwaved, so please pack accordingly. Label lunchboxes and all plastic containers. Cut up food that are potential choking hazards (grapes, cherry tomatoes, cheese rounds, hot dogs, etc.).

**Please do not bring your child to school if he/she has been sick with fever, rash, vomiting, or diarrhea in the past 48 hours. Parents will be contacted if their child becomes sick during school hours. We do not administer medicine**.

**Children in our 3 year old classes are required to be fully potty trained before beginning our summer session.**

Thank you for sharing your child with us at Crieve Hall Preschool!

I understand and agree with the above statements.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parents/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration /Supply paid Check# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any medical problems, allergies, or other information we need to know about concerning your child? \_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_no Epi pen (yes)\_\_\_\_\_\_\_\_\_\_\_ Inhaler (Yes)\_\_\_\_\_\_\_\_\_\_

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List medications child is on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parents/Guardians:**

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Mother’s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Email: (PLEASE PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s email: (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information:**

Name of person authorized to act for the parent (if unreachable) in case of an emergency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physicians name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital of choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To ensure the safety of your child, please list all other adults and their cell phone # to whom your child may be released or who are authorized to provide transportation for your child:

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

Any other information we need to know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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