



Summer Fun



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The Community Preschool of the Palisades

Child's Full Name _____

Parent/Guardians' Names _____

Address _____

Home Phone _____ Work _____ Cell _____

Contact Email _____ Child's age as of 6/10/19 _____ DOB _____

My child is a: CURRENT/SIBLING OF CPP STUDENT ____ NEW (2019/2020) CPP STUDENT ____
RETURNING CAMPER ____ SIBLING OF CAMPER ____ NEW TO PROGRAM ____

Indicate choice with X Downstairs Camper _____ Upstairs Camper _____

(campers must be 2½ to 3½)

(campers age 3½ to 5½)

PLEASE SELECT WEEKS BELOW:

Week A (June 10-14) Under the Sea _____	Week E (July 8-12) Perfect Pets _____
Week B (June 17-21) Up in the Air _____	Week F (July 15-19) Around the World _____
Week C (June 24-28) Reduce, Reuse & Recycle ____	Week G (July 22-26) Glue, Goo & Gak _____
Week D* (July 1-5) Amazing Artists _____	

CALCULATE CAMP FEES:

\$300* per week x number of weeks = _____

*There is no camp July 4th; Week D fee is \$240.00

Total Camp Fees Due = _____

50% Deposit due with registration = _____

Total enclosed = _____

Balance Due on or before May 15th = _____

Office Use only

Confirm or Waitlist

Date Received _____

Deposit Received _____

Amount Due _____

CANCELLATION POLICY

The information I have provided is accurate to the best of my knowledge. I have enclosed at least 50% of the total camp tuition fees due with this registration form. I fully understand that **25% of my total camp fees is NON-REFUNDABLE** except in the event of cancellation by the camp or if space is not available for my child in the weeks requested. I understand that the balance of my camp fees must be received on or before May 15, 2019, and after that date the camp reserves the right to fill my child's spot from a waiting list. I also understand that no refunds will be made of any camp fees for cancellations for any reason on or after May 31, 2019. *I understand that there are NO make-up days or refunds due to illness, unexpected vacation, weather emergencies, or any other reason.*

I have read and agree to the Cancellation Policy outlined above:

Signature of Parent/Guardian

Date

Please make check payable to The Community Preschool of the Palisades and mail to: Summer Fun c/o The Community Preschool of the Palisades, 5200 Cathedral Avenue NW, Washington DC 20016. Payment must accompany this application to reserve a space for your child.

Please keep a copy of this form for your records

