The Community Preschool of the Palisades

# Summer Fun Camp

**Office Use only**

**Confirm or Waitlist**

**Date Received**_____

**Deposit Received** _____

Amount Due _____

**Child's Full Name**_____

**Parent/Guardians' Names** _____

**Address** _____

**Home Phone** _____ **Work** _____ **Cell** _____

**Contact Email** _____ **Child's age as of 6/15/20**_____**DOB** _____

**My child is a:** CURRENT/SIBLING OF CPP STUDENT ____ NEW (20-21) CPP STUDENT ____
RETURNING CAMPER ____ SIBLING OF CAMPER ____ NEW TO PROGRAM____

Indicate choice with an X Downstairs Camper _____ (2½ to 3½ years old) Upstairs Camper _____ (3½ to 5 years old)

PLEASE SELECT WEEKS BELOW:

| | |
|---|---|
| Week A (June 15-19) Build it Up _____ | Week E (July 13-17) Perfect Pets _____ |
| Week B (June 22-26) Ooey, Gooey! _____ | Week F (July 20-24) Space is the Place _____ |
| Week C* (June 29-July 2) At the Beach _____ | Week G (July 27-31) Winter in the Summer _____ |
| Week D* (July 6-10) Amazing Artists _____ | Week H (August 3-7) Creative Cooking _____ |

**CAMP FEES:**

**EARLY BIRD SPECIAL:** $300 per week through 2/28/20
**No camp July 3rd; Week C fee is $240.00*

**AFTER 2/28/20:** $350 per week
**Week C fee is $280.00*

Cost per week x number of weeks = _____
Discount: $25 off per week (4+ weeks) = - _____
Total Camp Fees Due = _____
50% Deposit due with registration = _____
Total enclosed = _____
Balance Due on or before May 15th = _____

CANCELLATION POLICY: I have enclosed at least 50% of the total camp tuition fees due with this registration form. I fully understand that **25% of my camp fees are 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, 2020, 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, 2020. *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

We can only accept cash or check payments at this time. Please make checks payable to The Community Preschool of the Palisades. Please submit payment with this application to reserve a space for your child.

***Please keep a copy of this form for your records***