

Summer Camp for Ages 18 months - end of 2nd Grade

Child's Name					
First	Middle	Last			
Address					
Street	Town	Zip Code			
Home Phone Number	Date of Birth	Gender: M/F			
Email address(s) to receive school inform	mation				
Parent/Guardian's Name	Cell Number				
Occupation	Employer				
Work PhoneBusiness Address					
Parent/Guardian's Name	Cell Number				
Occupation	Employer				
Work PhoneBus	siness Address				
Parent/Guardian Relationship-Please cir	cle: Married Divorced Separated	Single Remarried Widowed			
IF CUSTODY IS	SUES EXIST PLEASE FILL O	UT THIS BOX:			
Custody Status					
Custodial Rights: Name(s):LEGAL CUSTODY of this child.	Relationship(s)	: has/have			
The other parent/guardian May/ May	Not have contact with the child a	and/or sign the child out of school.			
Legal documents explaining the above	circumstances must be provided t	o Good Day Preschool.			
List child's behavioral, educational, or n	nedical needs including allergies o	r dietary restrictions:			
Does your child require an EpiPen? Yes along with an allergy action plan.)	No (If yes, a copy of	of doctor's orders must be submitted			
For informational purposes: list medicat	ions child is taking including time	/dose:			

Pediatrician's name:						
Phone number:						
Siblings (Names and ages)						
How did you learn about Good Day?						
Has your child attended school before?	If so, where?					
Primary language spoken at home:						
List 2 local emergency contacts if parents	s can't be reached in the e	event of an emergency or if a child is				
not picked up on time:						
1. Name of person(s) other than parent/guardian authorized to pick up child:						
Home Phone Number	_ Work	Cell				
Address						
Relationship						
2. Name of person(s) other than parent/guard	dian authorized to pick up cl	hild:				
Home Phone Number	Work	Cell				
Address						
Relationship						

Session I Theme: Let's Go To The Beach!

Monday, June 24th- Wednesday, July 3rd

(Closed	Γhursday, July 4th &	Friday, July 5th in observance of Indep	pendence Day)
9:00am-12:00pm	8:30am-3:30pm	n 7:15am-5:00pm	M_T_W_TH_F_
S	ession II The	eme: Explore The Rainf	orest
		Tuly 8th - Friday, July 19th	
9:00am-12:00pm		n 7:15am-5:00pm	M_T_W_TH_F_
	Session III	Theme: Storybook Lan	nd
	Monday, Jul	y 22nd – Friday, August 2n	ıd
9:00am-12:00pm	8:30am-3:30pm	n 7:15am-5:00pm	$M_T_W_TH_F_$
	Session I	V Theme: World Of Art	-
	Monday, Aug	gust 5th - Friday, August 16	óth
9:00am-12:00pm	8:30am-3:30pm	n 7:15am-5:00pm	$M_T_W_TH_F_$
For Preschool and	Toddler childr	en, if your child is full day	, does your child nap?
		FEES:	
Registrati	on fee: \$35.00	(this is a one time fee for A	ALL campers)
*If your child is not currently		·	- · · ·
by the first day of camp.		,, f	
	ion for childrer	n 2 ½years and up, fully por	ttv trained
		2 Days (8:30-3:30) \$290	•
2 Half days (9:00-12:00) \$140 3 Half days (9:00-12:00) \$195		• ` `	• ` '
4 Half days (9:0	*	4 Days (8:30-3:30) \$452	4 Full days (7:15-5) \$508
5 Half days (9:00		5 Days (8:30-3:30) \$517	5 Full days (7:15-5) \$578
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A TT 10.1 (0.00		iition *18months-2 ½years	
2 Half days (9:00	<i>'</i>	2 Days (8:30-3:30) \$337	2 Full days (7:15-5) \$416
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3 Half days (9:00- 4 Half days (9:00- 5 Half days (9:00-	-12:00) \$220 -12:00) \$300	3 Days (8:30-3:30) \$420 4 Days (8:30-3:30) \$452 5 Days (8:30-3:30) \$551	3 Full days (7:15-5) 4 Full days (7:15-5) 5 Full days (7:15-5)

A discount of 10% applies to additional siblings.

*Payment is due in full **BEFORE** the start of each session. Tuition may be paid by cash, check, credit card or Venmo. I understand that credit card/debit card and bank transfers will be charged associated fees by Brightwheel. (Cash, check, Venmo payments do not incur additional fees)

- Bank transfers (ACH) 0.6% plus a maximum fee of \$2
 - Credit/Debit Card payments incur a 2.95% fee

For office use only

Amount paid

Session 1	Session 2	Session 3	Session 4