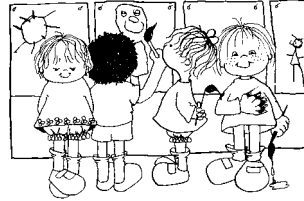


The Village Pre-School

Accredited by the National Academy of Early Childhood Programs



The Village Pre-School * 141 Greenwood Avenue * Bethel, CT * 06801 * 203-743-9497
Randi Rote- Director

Registration Form - SUMMER 2012 PROGRAM

Office Use ONLY:

- QB
- PC
- Registration fee
 - Check:
 - Cash
 - Credit Card

Date of Enrollment _____

Session: June 11-14 June 18-21 June 25-28

Child's Name _____ Phone _____

Child's Address _____

Birth Date _____ Age _____ Male _____ Female _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Employed At _____ Employed At _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Names of at least two local persons to be called in an emergency when parents can not be reached. These people have my permission to take my child from school.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician to be called in an emergency:

Name _____ Phone _____

Dentist to be called in an emergency:

Name _____ Phone _____

On a daily basis, my child may be released to the following (for car pooling, etc.):

Name _____ Phone _____

Name _____ Phone _____

Number of other children in the family: _____
Brothers: _____ Ages: _____
Sisters: _____ Ages: _____

Have you had another child enrolled in the Village Pre-School? _____ has your child attended nursery school before? _____ Where? _____

REGISTRATION FEE:

A *non-refundable registration fee of \$25* is required at the time of registration for each student who will be attending the Village Pre-School Summer Camp. This registration fee will guarantee a place for your child in our program. This Registration Fee will be deducted from your First Week's Payment.

PAYMENT OF CAMP TUITION:

Payment must be received ***before*** the session starts. We reserve the right to suspend attendance at the Village Pre-School due to non-payment of tuition. There will be a fee for all ***returned checks.***

Payment in full of \$100 per Week of Summer Camp is due by June 1, 2012. If you are signing up for more than one session, you must pay in full for **all sessions prior to June 1, 2012.** If a session is cancelled due to low enrollment, your payment will be returned.

I/We also understand that from time to time the Board of Directors of the Village Pre-School may implement or change policies as needed. I/We understand that I/We will be notified of such changes.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

STUDENT'S NAME: _____

Please mail checks to Village Pre-School, 141 Greenwood Ave., Bethel, CT 06801, or place checks in the tuition payment receptacle in the Parent Corner. Please make checks payable to the Village Pre-School. We also accept Visa, Master and Discover cards.

Thank you.

For Office Use:

Session:

- June 11-14 _____
- June 18-21 _____
- June 25-28 _____
- Registration Fee _____

Total Paid: _____