

Peace Christian Preschool & Day Care

680 Ocean Ave, Bohemia, NY 11716 Email: info@peacechristian.com Phone 631.589.0651 Fax 631.589.7068

Extreme Summer Program Registration Form

A non-refundable fee of \$65 is due at the time of registration. Total camp fees are due by 7/1.

<u>Please choose your days carefully. No changes or makeup days will be allowed.</u> <u>No refunds after start of program.</u>

Make check payable to: Peace Christian Preschool.

Step One: Child's Information

Child's Name				
Age				
Child's Date of Birth		Gender (ma	ale/female)	
Address				
			Zip	
Home Phone	Mom's Cell #	Dad's	s Cell #	
Family Email Addre	ess (required)			
	ERGY*:		Pen	Inhaler
*if yes further pape Step two: Family I		ly Information		
Step two: Family I Parent/Guardian	nformation Fami			
Step two: Family I Parent/Guardian Employer:	nformation Fami		Work Pho	ne
Step two: Family I Parent/Guardian Employer: Parent/Guardian	nformation Fami		Work Pho Cell#	
Step two: Family I Parent/Guardian Employer: Parent/Guardian Address <i>(if d</i> /	information Fami		Work Pho Cell#	ne
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Step two: Family I Parent/Guardian Employer: Parent/Guardian Address <i>(if di</i> City Employer Email Address (req Marital Status: Married	ifferent from child)State	Zip	Work Pho Cell# Home Pho Work Phon	ne ne ie

Morning Camp Program From 9-12

Mark the week/weeks your child will be attending.

July

August

	Mon	Tue	Wed	Thu	Fri			Mon	Tue	Wed	Thu	Fri	
Week #1	1	2	3	4	5		Week #6	5	6	7	8	9	
	8	9		Closed	Closed		Week	12	13	14	15	16	
Week #2	8	9	10	11	12		#7						
Week	15	16	17	18	19		Week # 8	19	20	21	22	23	
#3							Week	26	27	28	29	30	
Week	22	23	24	25	26		#9					Last day	
#4								2	3	4	5	6	
Week #5	29	30	31	1	2			Labor day			week -sig al fees ch	jn up needed arged	
110								Closed					
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Pro Care _____Allergy List ____Calling Post ____Remind _____ Blue Card _Medical