

2018 PELICAN SUMMER FUN PRESCHOOL

10 weeks from May 30 - August 3

9:00 am - 1:00 pm Monday, Wednesday, Friday

No before or after care available.

AGES: 2-5

Snacks and Lunch are Included

Daily Rate:	\$55 per day
Weekly Rate:	\$90 per week - M, W, F \$60 per week - 2 days
Monthly Rate:	\$240/month (3 days) \$180/month (2 days) (4 consecutive weeks)

Special 5's

5 year olds may attend 5 days per week.

Monthly Rate: \$340/month (4 consecutive weeks) **Weekly Rate:** \$120/week

Before and after care available for 5 year olds.

Amount must be paid in full for monthly registration. NO REFUNDS for days not attending & NO MAKE UP DATES are allowed.

Registration Fee:	Members
	\$50 single child
	\$75 per family

Registration Fees are a one-time nonrefundable charge.

T-shirt: \$10 Size: _____

10% discount if all 10 weeks are paid in advance.

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Ages 2 - 5 years

ID# _____

Child's Name _____ DOB _____ Gender _____

Mother's Name _____

Father's Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers: (Circle Best)

Home _____ Work _____ Cell _____

Email _____

Another Emergency Contact _____

Preschool Summer Fun WEEKLY SESSIONS

Preschool Summer Fun is held for 10 weeks from 9am-1pm.

Please indicate 2 or 3 days. If two days please check which days. (Mon, Wed, or Fri)

WEEKLY SESSIONS	2 OR 3 DAYS	COST	MON	WED	FRI	TOTAL COST
MAY 29- JUNE 1						
JUNE 4- JUNE 8						
JUNE 11-15						
JUNE 18-22						
JUNE 25-29						
JULY 2-6 (no camp on 4th)						
JULY 9-13						
JULY 16-20						
JULY 23-27						
JULY 30-AUGUST 4						

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Child(rens) swimming ability:

EMERGENCY CONTACT INFORMATION

Child's Name _____ DOB _____ Gender _____

Emergency Contact _____

Relationship to Child _____

Phone Numbers: (Circle Best)

Home _____ Work _____ Cell _____

Primary Physician's Name _____

Primary Physician's Phone Number _____

I accept full responsibility for my child and his/her use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting therefrom. I acknowledge that in signing below I am in agreement with all the waivers noted above. In addition, I agree that the above information is accurate and complete. I also understand and acknowledge that photos/ video may be taken for publicity/ marketing purposes and give my authorization for any and all photos or video footage of myself, or of my minor child, to be used in this fashion.

Signature _____ Date _____

In an emergency, 911 will be called followed by a call to the parents.