



Summer Camp for Ages 18 Months - 9 Years Old

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 information _____

Parent/Guardian's Name _____ Cell Number _____

Occupation _____ Employer _____

Work Phone _____ Business Address _____

Parent/Guardian's Name _____ Cell Number _____

Occupation _____ Employer _____

Work Phone _____ Business Address _____

Parent/Guardian Relationship-Please circle: Married Divorced Separated Single Remarried Widowed

IF CUSTODY ISSUES EXIST PLEASE FILL OUT THIS BOX:

Custody Status

Custodial Rights: Name(s): _____ Relationship(s): _____ has/have
LEGAL CUSTODY of this child.

The other parent/guardian **May or may not** have contact with the child and/or sign the child out of school.

Legal documents explaining the above circumstances must be provided to Good Day Preschool.

List the child's behavioral, educational, or medical needs including allergies or dietary restrictions:

Does your child require an EpiPen? Yes _____ No _____ (If yes, a copy of the doctor's orders must be submitted along with an allergy action plan.)

For informational purposes: list medications the child is taking including time/dose:

Pediatrician's Name: _____

Phone Number: _____ Address: _____

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 can't be reached in the 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/guardian authorized to pick up child: _____

Home Phone Number _____ Work _____ Cell _____

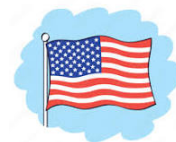
Address _____

Relationship _____

Session I Theme: Happy Birthday America!

Monday, June 23rd- Thursday, July 3rd

(Closed Friday, July 4th)



9:00am-12:00pm _____ 8:30am-3:30pm _____ 7:15am-5:00pm _____ M _ T _ W _ TH _ F _



Session II Theme: Animal Kingdom

Monday, July 7th - Friday, July 18th

9:00am-12:00pm _____ 8:30am-3:30pm _____ 7:15am-5:00pm _____ M _ T _ W _ TH _ F _

Session III Theme: Artistic Inspiration

Monday, July 21st – Friday, August 1st

9:00am-12:00pm _____ 8:30am-3:30pm _____ 7:15am-5:00pm _____ M _ T _ W _ TH _ F _



Session IV Theme: Oh! A Camping We Will Go!

Monday, August 4th - Friday, August 15th

9:00am-12:00pm _____ 8:30am-3:30pm _____ 7:15am-5:00pm _____ M _ T _ W _ TH _ F _

For Preschool and Toddler children, if your child is full day, does your child nap? Y or N

FEES:

Registration fee: \$35.00 (this is a one-time fee for ALL campers)

*If your child is not currently enrolled at Good Day, please submit their health forms by the first day of camp.

Toddler Tuition *18 months - 2 ½ years

2 Half days (9:00-12:00) \$170	2 Days (8:30-3:30) \$350	2 Full days (7:15-5) \$440
3 Half days (9:00-12:00) \$250	3 Days (8:30-3:30) \$440	3 Full days (7:15-5) \$530
4 Half days (9:00-12:00) \$340	4 Days (8:30-3:30) \$495	4 Full days (7:15-5) \$645
5 Half days (9:00-12:00) \$405	5 Days (8:30-3:30) \$600	5 Full days (7:15-5) \$720

*** Tuition for children 2 ½ years (fully potty trained) and up to age 9**

2 Half days (9:00-12:00) \$150	2 Days (8:30-3:30) \$310	2 Full days (7:15-5) \$360
3 Half days (9:00-12:00) \$225	3 Days (8:30-3:30) \$390	3 Full days (7:15-5) \$460
4 Half days (9:00-12:00) \$300	4 Days (8:30-3:30) \$480	4 Full days (7:15-5) \$580
5 Half days (9:00-12:00) \$375	5 Days (8:30-3:30) \$560	5 Full days (7:15-5) \$670

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 Brightwheel will charge associated fees for credit card/debit card and bank transfers. (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 _____

Registration fee _____