

Newport Center United Methodist Preschool Summer School Session 2021

Our Summer School program is a continuation of our Preschool philosophy and general goals and objectives for children. We offer a wide variety of multi-sensory experiences with an emphasis on success-oriented activities and FUN!

Summer school is open to any potty-trained child aged 2 yrs to 6 yrs 11 mos.

There are two choices for 2021 Summer School. Please check which option you prefer.

- | | | | |
|---|---------------|------------------|----------------------------|
| <input type="checkbox"/> June 8 th – July 29 th | Tues/Wed/Thur | 9:00am – 2:00pm | \$1,925 (+ \$100 reg. fee) |
| <input type="checkbox"/> June 8 th – July 29 th | Tues/Wed/Thur | 9:00am – 12:00pm | \$1,200 (+ \$100 reg. fee) |

Please dress your child in comfortable clothing suitable for mud, water, sand, clay, paint, and other outside activities. Please pack a lunch and snack for your child if they are in the extended day program and a snack only for the morning program.

Please complete the attached application and credit card form. Forms can be emailed back to the front office at preschooloffice@ncump.org or given to the front office staff.

2021 Summer School tuition is due in full upon enrollment. Once enrolled, there will be no refunds.

We do not provide reimbursement or exemptions for time missed due to family vacations or conflicting summer plans.

I understand and agree to the tuition deadline/refund policy as stated above

Parent or Guardian Signature

Date

Newport Center United Methodist Preschool Summer School 2021 Application

Family # _____
Child's Name _____

Home phone # _____
Street City Zip

Boy Girl
Birth Date _____

Father's Name _____ Cell #: _____

Mother's Name _____ Cell #: _____

Email address _____

Persons *other* than parents who can be contacted in case of an emergency:

Name _____ Telephone _____

Name _____ Telephone _____

Physician to be called in case of an emergency:

Name _____ Telephone _____

Is your child on continuing medication? _____ For what? _____

Does your child have allergies? _____ To what? _____

Credit Card Type: MasterCard Visa American Express (Please circle)

Name on credit card (Please Print) _____

Credit Card # _____ *Exp.* _____

Billing Address _____ *CVV #* _____

City & State _____ *Zip Code* _____

Email address _____

Phone # _____ *Date Signed* _____

Signature of Cardholder _____