

Newport Center United Methodist Preschool Summer School Session 2022

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 2022 Summer School. Please check which option you prefer.

- | | | | |
|--|---------------|------------------|----------------------------|
| <input type="checkbox"/> June 14th – July 28 th | Tues/Wed/Thur | 9:00am – 2:00pm | \$1,925 (+ \$100 reg. fee) |
| <input type="checkbox"/> June 14th – July 28 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.

2022 Summer School tuition is due in full upon enrollment and is non-refundable. Tuition is not prorated based on school attendance, unexpected school closures, holidays, etc.

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 2022 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? _____

Dietary Restrictions _____

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 _____