

Old Bridge Preschool Summer Camp Enrollment

Child's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Allergies/Medical: _____

Parent's/Guardian's Name: _____ Relation _____

Parent's/Guardian's Name: _____ Relation _____

Emergency Contacts (please supply at least 3):

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Enroll my child in the following mini-camp(s):

_____ Cooking Adventures! (Cooking): May 31st - June 3rd, 9:00am - 1:00pm

_____ Magic School Bus! (Science week): June 6th - 10th, 9:00am - 1:00pm

_____ Lego Fun Land (STEM week): June 13th- 17th, 9:00am- 1:00pm

\$110 per week (Full payment must be made in order to enroll)

Total payment \$ _____

Make checks payable to Old Bridge Preschool.

*****All fees are non-refundable*****

I have read and agree to comply with the policies and procedures in the Student Handbook. I understand the preschool has the right to enforce these policies and procedures as outlined in the Student Handbook to include all late pick-up fees.

Parent/Guardian Signature Date