



SUMMER RATES - 2020

9AM - 4PM

8 Weeks	\$1,890	June 29 - Aug 21
1 st Session	\$ 945	June 29- July 24
2 nd Session	\$ 945	July 27 - Aug. 21
Post Camp Weekly Fee	\$ 295/week	1-2 weeks

Extended Stay
 7:30-9AM / 4-6 PM
 \$3/Hour



DAYCAMP REGISTRATION 2020

DATE _____

CHILD'S NAME _____ D.O.B. ___/___/___
 ADDRESS _____ AGE _____
 MOTHER'S NAME _____ MOTHER'S WORK# _____
 FATHER'S NAME _____ FATHER'S WORK# _____
 HOME TEL _____ MOTHER CELL _____ email _____
 FATHER CELL _____ email _____

Full Season 8 Weeks

June 29 to August 21 _____ \$1,890

CAMP TUITION _____

1st Session - 4 Weeks

June 29 to July 24 _____ \$945

EARLY STAY _____

LATE STAY _____

2nd Session - 4 Weeks

July 27 to August 21 _____ \$945

TRAINING/ADJUSTMENT _____

HRS _____

TOTAL: _____

DEPOSIT _____

BALANCE DUE _____

- I agree to pay the monthly tuition by the 1st of the month. Payments received after the 3rd of the month will be subject to a late charge.
- No refunds of registration fee
- Tuition must be paid in full regardless of absence or school calendar closings.
- I grant permission to Forest Park School to take my child on fully supervised school outings, and to take photographs during school activities and parties.

PARENT'S SIGNATURE



RELEASE AUTHORIZATION

Date:

CHILD'S NAME: _____

Dear Parents,

This letter is to inform you of our school's Release Policy. For your child's safety, Forest Park School will not release any child to the custody of anyone other than the child's parent, unless we receive written authorization to do so.

List below those individuals that you authorize to pick up your child and sign for authorization. Please include both parents on the list.

I give permission for my child to be picked up from school by:

<u>NAME OF PERSON</u>	<u>RELATIONSHIP TO CHILD</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Please call the school to notify us of pick-up change.

X _____
Parent Signature



Permission for Walks and Photos

I grant permission to the Forest Park Preschool/Beth Jacob to take my child on fully supervised walks and for my child to be photographed during school activities. I understand that these photos may be posted on our School's social media and facebook pages and website.

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date: _____



Camp Supplies List

Bathing Suit	
Towel	
Water shoes	
Swim Diapers	
Backpack	
Diapers & Wipes	
Change of Clothes	
Crib Sheet	
Blanket	
Closed Shoes/Sneakers	
Bottle of Water	
Sun Block	

Please make sure that all belongings
are clearly labeled.