

PRELUDE PRESCHOOL OF THE ARTS
"SUMMER ARTS ENRICHMENT" 2017

Child's Name: _____ Date of Birth: _____

Mailing Address: _____

Parent Name: _____ Date of Birth: _____

Home Phone: _____ Cell : _____ Work: _____

E-mail: _____

Parent Name: _____ Date of Birth: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Marital Status: _____ If separated/divorced, can both parents pick-up child? _____

Physician's Name: _____ Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contact Other Than Parent:

Name: _____ Relationship: _____

Phone (Day): _____ Cell Phone: _____

Check Sessions for enrollment:

- | | | |
|---------------------------------------|-----------------------------|--|
| <input type="checkbox"/> Session I: | June 19 – 23 | Suzuki Violin with Violinist Rachael Jones |
| <input type="checkbox"/> Session II: | June 26 – 30 | Lego Construction Adventures |
| <input type="checkbox"/> Session III: | July 3 – 7
(4 days only) | Visual Arts Program with Artist Joy Cove
(Closed Tues, July 4 th) |
| <input type="checkbox"/> Session IV : | July 10 – 14 | Children's Theater Week |
| <input type="checkbox"/> Session V: | July 17 – 21 | Pirates & Princesses |
| <input type="checkbox"/> Session VI: | July 24 – 28 | Suzuki Violin with Violinist Rachael Jones |
| <input type="checkbox"/> Session VII: | July 31 – Aug 4 | Baking & Science Exploration |

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Tuition:

Full Day 8:30am-3pm Monday - Friday \$275/week x _____ wks = \$_____

Full Day 8:30am-3pm Mon/Wed/Th/Fri \$220/ week x _____ wks = \$_____
 Session III only Closed July 4th

Half Day 8:30am-12:30pm Monday - Friday \$200/ week x _____ wks = \$_____

Half Day 8:30am-12:30pm Mon/Wed/Th/Fri \$160/ week x _____ wks = \$_____
 Session III only Closed July 4th

Student Name: _____

Total Fee: \$_____

Terms of enrollment:

- Summer Arts Enrichment Program is open to children ages 3 – 6 years.
- Application must be accompanied by a non-refundable \$50 deposit for each session enrolled. Deposit is applied to designated session fees. Full payment or enrollment in auto payment plan required prior to the first day of each session that student will be attending.
- Students may register for individual weeks or for the entire 7 weeks of the summer program.
- Please feel free to contact the Preschool Director, Margo Whitt, 413-732-8428 ext. 114 with any questions or special requests for scheduling.
- An up to date medical physical examination form with immunization history must be on file.
- I give permission for my child to go on regularly scheduled walking field trips to the Springfield Museum Quadrangle for special exhibits and performances with the Prelude staff (additional advanced notice will be given for each excursion).
- Teachers have my permission to apply sunscreen (provided by parent) if necessary.
- Students will provide their own daily bagged lunches as well as AM/PM snacks.
- Please, **NO PEANUTS OR TREE NUTS** allowed at PPA, as we have students with **SEVERE, LIFE-THREATENING ALLERGIES.**
- I give permission for my child’s photograph to be taken and used for promotional purposes.
- I give permission for my child to be released to the guardians and emergency contact listed.
- The undersigned also agrees to indemnify and save and hold harmless Prelude Preschool of the Arts, the Community Music School of Springfield, and its representatives while using any facilities or equipment or participating in any program affiliated with CMSS.

I have read and agree to all of the terms of enrollment contained herein.

Parent Name _____ Signature: _____ Date: _____