

Trinity Christian Preschool  
2014 Summer Program Application  
Office: - 561 – 965 – 2262      Fax: 561 – 227 - 1221

**(\$25 Application Fee must accompany this application)**

**Start Date** \_\_\_\_\_ (Office use Only)

**CHILD'S NAME** \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone# (    ) \_\_\_\_\_

**PARENTS' INFORMATION:**

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
S.S # (must have)

\_\_\_\_\_  
S.S. # (must have)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & Zip Code

\_\_\_\_\_  
City & Zip Code

\_\_\_\_\_  
Employer/Occupation

\_\_\_\_\_  
Employer/Occupation

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

**Must have at least (2) emergency contacts other than yourself**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

**Additional persons authorized to pick up my child other than myself are:**

\_\_\_\_\_

**Please list any allergies or concerns:** \_\_\_\_\_

Please complete the back portion of this application

**Please complete and check box for section A or B only:**

**Section A**

**All 10 weeks, pay for 9 weeks. Payment must be received by May 27, 2014:**

	<b>5 days</b>	<b>4 days</b>	<b>3 days</b>	<b>2 days</b>
<b>Full day</b> (6:30 - 6:00)	\$1,665	\$1,395	\$1,125	\$900
<b>School day</b> (8:00am – 3:00pm)	\$1,440	\$1,170	\$900	\$810
<b>Half day</b> (8:00am – 12 noon)	\$1,080	\$945	\$810	\$720

**Section B**

**My child will be attending the Summer Program on a weekly basis. Payments are due the Friday before the week starts:**

	<b>5 days</b>	<b>4 days</b>	<b>3 days</b>	<b>2 days</b>
<b>Full day</b> (6:30 - 6:00)	\$185.00/week	\$155/week	\$125/week	\$100/week
<b>School day</b> (8:00am – 3:00pm)	\$160.00/week	\$130/week	\$100/week	\$90/week
<b>Half day</b> (8:00am – 12 noon)	\$120.00/week	\$105/week	\$90/week	\$80/week

*Check the weeks below that your child will be attending the summer program so that we may properly plan for staffing. If you choose the weekly payment option, please put a check next to each week and circle the days of the week your child will attend.*

**ANY CHANGES MUST BE MADE BEFORE JUNE 2, 2014 AS WE HAVE HIRED STAFF ACCORDING TO YOUR COMMITMENT.**

<b>May 27 – May 30</b>	<b>June 2 - June 6</b>	<b>June 09 - June 13</b>	<b>June 16 - June 20</b>
T W TH F	M T W TH F	M T W TH F	M T W TH F
<b>June 23 – June 27</b>	<b>June 30 - July 3</b>	<b>July 7 - July 11</b>	<b>July 14 - July 18</b>
M T W TH F	M T W F	M T W TH F	M T W TH F
<b>July 21 - July 25</b>	<b>July 28 – August 1</b>		
M T W TH F	M T W TH F		

**We will be closed on July 4th for Independence Day.  
The last day of our summer program is August 1<sup>st</sup>**

I give permission for my child to participate in all summer program activities, and agree to all policies in our handbook. If an emergency arises and I cannot be reached, I authorize the school administration to give consent for emergency care. I understand that summer program hours are from 6:30 am to 6:00 p.m. If my child is picked up after the time I have indicated (12:00 p.m., 3:00 p.m. or 6:00 p.m.), my account will be charged a \$1.00 per minute late fee. I agree that this is a contract and I understand that failure to pay my summer program tuition, as indicated above will result in my child being dismissed from the summer program and my account will be sent to collections.

\_\_\_\_ (Please Initial)

Print Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2014

\_\_\_\_\_ (Signature of Notary) County of Palm Beach

Personally Known \_\_\_\_\_ Produced Identification \_\_\_\_\_

Type of identification produced \_\_\_\_\_