

People's Institute

38 Gothic Street
Northampton, MA 01060
Phone: (413) 584-8313
Fax: (413) 584-2851
office@pichildcare.com

Preschool Camp Registration Form

Please fill out this form and submit it with a \$20.00 non-refundable registration fee.

Child's Information

Name _____

Date of Birth ___/___/_____ Age at start of camp (2.9 to 4.9 years) _____

Special Medical Information and Considerations: _____

Tuition:

Full Day (8:30-5:30) \$175.00 per week

Mornings only (8:30-12:30) or Afternoons only (12:30-5:00) \$125.00 per week

Early Morning (7:30-8:30) or Extended Care (5:00 to 5:30) \$10.00 per day, \$40.00 per week

Week 1: 6/22 - 6/26	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended
Week 2: 6/29 - 7/2 (closed 7/3)	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended
Week 3: 7/6 - 7/10	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended
Week 4: 7/13 - 7/17	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended
Week 5: 7/20 - 7/24	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended
Week 6: 7/27 - 7/31	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended
Week 7: 8/3 - 8/7	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended
Week 8: 8/10 - 8/14	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended
Week 9: 8/17 - 8/21	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early <input type="checkbox"/> Extended

Guardian's Information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Guardian's Signature _____ Date _____

How did you hear about us? _____

03_2015

