



# Summer Fun



@

## The Community Preschool of the Palisades

Child's Full Name \_\_\_\_\_

Parent/Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Contact Email \_\_\_\_\_ Child's age as of 6/10/19 \_\_\_\_\_ DOB \_\_\_\_\_

My child is a: CURRENT/SIBLING OF CPP STUDENT \_\_\_\_ NEW (2019/2020) CPP STUDENT \_\_\_\_  
RETURNING CAMPER \_\_\_\_ SIBLING OF CAMPER \_\_\_\_ NEW TO PROGRAM \_\_\_\_

Indicate choice with X      Downstairs Camper \_\_\_\_\_      Upstairs Camper \_\_\_\_\_

(campers must be 2½ to 3½)

(campers age 3½ to 5½)

### PLEASE SELECT WEEKS BELOW:

Week A (June 10-14) Under the Sea _____	Week E (July 8-12) Perfect Pets _____
Week B (June 17-21) Up in the Air _____	Week F (July 15-19) Around the World _____
Week C (June 24-28) Reduce, Reuse & Recycle ____	Week G (July 22-26) Glue, Goo & Gak _____
Week D* (July 1-5) Amazing Artists _____	

### CALCULATE CAMP FEES:

\$300\* per week x number of weeks = \_\_\_\_\_

\*There is no camp July 4<sup>th</sup>; Week D fee is \$240.00

Total Camp Fees Due = \_\_\_\_\_

50% Deposit due with registration = \_\_\_\_\_

Total enclosed = \_\_\_\_\_

Balance Due on or before May 15<sup>th</sup> = \_\_\_\_\_

### Office Use only

Confirm or Waitlist

Date Received \_\_\_\_\_

Deposit Received \_\_\_\_\_

Amount Due \_\_\_\_\_

### CANCELLATION POLICY

The information I have provided is accurate to the best of my knowledge. I have enclosed at least 50% of the total camp tuition fees due with this registration form. I fully understand that **25% of my total camp fees is NON-REFUNDABLE** except in the event of cancellation by the camp or if space is not available for my child in the weeks requested. I understand that the balance of my camp fees must be received on or before May 15, 2019, and after that date the camp reserves the right to fill my child's spot from a waiting list. I also understand that no refunds will be made of any camp fees for cancellations for any reason on or after May 31, 2019. *I understand that there are NO make-up days or refunds due to illness, unexpected vacation, weather emergencies, or any other reason.*

I have read and agree to the Cancellation Policy outlined above:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please make check payable to The Community Preschool of the Palisades and mail to: Summer Fun c/o The Community Preschool of the Palisades, 5200 Cathedral Avenue NW, Washington DC 20016. Payment must accompany this application to reserve a space for your child.

*Please keep a copy of this form for your records*

