

Presbyterian Community Nursery School

SUMMER PROGRAM 2014

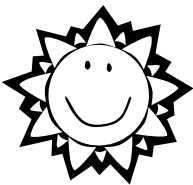
Designed for children between the ages of three and five yrs old (must be entering either Nursery/Pre-Kindergarten/Kindergarten).

Children must be three years of age by December 1, 2014.

MONDAY—THURSDAY FOR 3, 4 AND 5 YR OLDS

Session 1 June 23—July 10

Session 2 July 14—July 31



TUESDAY-THURSDAY FOR 3YR OLDS

Session 1 June 24—July 10

Session 2 July 15—July 31

9:00 AM—11:30 AM

Weekly Themes—Arts & Crafts Activities— Music—
Story Time—Creative Movement—
Outdoor Playground—Indoor Gymnasium—
Sand & Water Tables—Sprinklers—and more!

COME AND ENJOY THE SUMMER FUN!!!

Scroll down for enrollment forms.

150 Pittsburgh Avenue, Massapequa, NY 11758
Telephone: (516) 541-0864 Fax: (516) 541-3368

Presbyterian Community Nursery School

REGISTRATION FORM
Summer Program 2014

Name of Child: _____ Date of Birth: _____

Name of Parent(s): _____ Phone #: _____

Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Email Address: _____

**PLEASE CHECK SESSION:
Monday-Thursday 9:00AM-11:30AM
(for children entering Nursery, Pre-Kindergarten or Kindergarten)**

_____ Session 1	June 23 -July 10	\$240.00
_____ Session 2	July 14 - July 31	\$240.00
_____ Both camp sessions	June 23-July 31	\$450.00

**Tuesday-Thursday 9:00AM-11:30AM
(for children entering Nursery ONLY)**

_____ Session 1	June 24-July 10	\$190.00
_____ Session 2	July 15-July 31	\$190.00
_____ Both camp sessions	June 24-July 31	\$360.00

Summer program tuition and an immunization record (new students only) are due no later than May 30, 2014. Please include one self-addressed, stamped envelope.

OFFICE USE ONLY:

Session 1: Classroom: _____ Teachers: _____

Session 2: Classroom: _____ Teachers: _____

Payment Date: _____ Amount: _____ Check #: _____

EMERGENCY CONTACT INFORMATION



Presbyterian Community Nursery School

STUDENT INFORMATION FORM Summer Program 2014

Name of Child: _____ Date of Birth: _____

Name of Parent(s): _____ Phone #: _____

Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Emergency Contacts:

Name: _____

Relationship: _____ Telephone: _____

Name: _____

Relationship: _____ Telephone: _____

Pediatrician Information:

Name: _____ Telephone: _____

Address: _____

Allergies: ____ Y ____ N (if yes, please explain) _____

Does your child require an Epi-Pen? Yes _____ No _____

New students only: Please attach a copy of your child's immunization record.