



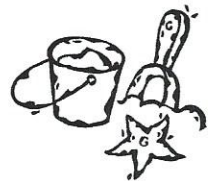
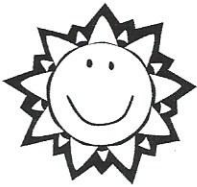
Presbyterian Community Nursery School

SUMMER PROGRAM 2016

Designed for children 3 - 4 yrs. old
(must be entering either Nursery or Pre-Kindergarten).
Children must be three years of age by December 1, 2016.

MONDAY-THURSDAY FOR 3 AND 4 YR OLDS

Session 1	June 20—July 7	\$250.00
Session 2	July 11—July 28	\$250.00
Both Sessions		\$460.00



TUESDAY-THURSDAY FOR 3YR OLDS

Session 1	June 21—July 7	\$200.00
Session 2	July 12—July 28	\$200.00
Both Sessions		\$375.00

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!!!

Forms available in office starting April 11, 2016

Sign up by June 1st. The school has to hire summer staff and set up classes. Registrations for Session 1 will not be accepted the first day of camp.

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

Presbyterian Community Nursery School

REGISTRATION FORM Summer Program 2016

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 20 -July 7	\$250.00
_____ Session 2	July 11- July 28	\$250.00
_____ Both camp sessions	June 20 -July 28	\$460.00

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

_____ Session 1	June 21-July 7	\$200.00
_____ Session 2	July 12-July 28	\$200.00
_____ Both camp sessions	June 21-July 28	\$375.00

Summer program tuition and an immunization record (new students only) are due no later than June 1, 2016. Please include one self-addressed, stamped envelope.

OFFICE USE ONLY:

Session 1: Classroom: _____ Teachers: _____

Session 2: Classroom: _____ Teachers: _____

Payment Date: _____ Amount: _____ Check #: _____

Both Sessions: Classroom: _____ Teachers: _____

Payment Date: _____ Amount: _____ Check #: _____

OVER FOR EMERGENCY CONTACT INFORMATION ▶ ▶ ▶

Presbyterian Community Nursery School

STUDENT INFORMATION FORM Summer Program 2016

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.