Newport Center United Methodist Preschool Summer School 2024 Contract

Our Summer School program is a continuation of our Preschool philosophy and general goals and objectives for children. We offer a wide variety of multi-sensory experiences with an emphasis on success-oriented activities and FUN!

success-oriented activities and FUN	N!		
Summer school is open to any potty	y-trained child aged	d 2 yrs to 6 yrs 11 mo	os.
There are two choices for 2024 S	ummer School. P	lease check which	option you prefer.
☐ June 18th – July 25 th ☐ June 18th – July 25 th *Recommended for incoming 2-3 y	Tues/Wed/Thur		\$1,925 (+ \$100 reg. fee) \$1,200 (+ \$100 reg. fee)
Optional Summer School Early B dropped off at Preschool anytime b escorted at 9:00am to their classroo parents to drop-off at their child's cl	etween 7:45am and om. Early Birds will	d 9:00am on school begin on Wednesda	days. Children will be ay June 19 th to allow
☐ June 19th – July 25 th	Tues/Wed/Thur	7:45am – 9:00am	\$400
*NCUMP will be closed on Thurse **Dismissal will be at 12-noon on celebration after dismissal.		5 th , 2024 to allow fo	r our "Aloha to Summer"
Please dress your child in comforta outside activities. Please pack a sn program.)	_		
Please complete the attached appli preschooloffice@ncump.org or turn for Summer School 2024 only, mus to be enrolled. Licensing document the Preschool Office.	ed in to the Presch st submit completed	ool Office. New fam I licensing document	ilies and children enrolled as at the time of registration
2024 Summer School tuition & fees not prorated based on school attended			
I understand and agree	to the tuition dea	dline/refund policy	as stated above
Parent or Guardian 9	Signaturo		Date

Newport Center United Methodist Preschool Summer School 2024 Application

	Family #
Child's Name	
	Home phone #
Street City	Zip
Boy	Girl
Birth Date	
Father's Name	Cell #:
Email address	
Mother's Name	Cell #:
Email address	
Persons other than parents who can be co	ontacted in case of an emergency:
Name	Telephone
Name	Telephone
Physician to be called in case of an emerg	gency:
Name	Telephone
Is your child on continuing medication?_	For what?
Does your child have allergies?To	what?
Dietary Restrictions	
Credit Card Type: MasterCard Visa Ame	erican Express (Please circle)
Name on credit card (Please Print)	
Credit Card #	Exp
Billing Address	CVV #
City & State	Zip Code
Email address	Phone#
Signature of Cardholder	Date Signed