

# Summer Camp

**Time:** 9:00 am – 1:00 pm

**Enrollment:**

- Limit of **14** students per day (minimum of 10 students)
- Your child may be registered for any number of days.
- Registration is on a first come basis.
- **3 to 6** years old, **must be potty-trained**

**Dates:** Please place a checkmark on the days you are registering your child for.

	Week 1- Spy in Training 7/20 – 7/24	Week 2- Dinosaurs Galore 7/27 – 7/31	Week 3- Summer Olympics 8/3 – 8/7	Week 4- AAARGH! Come be a pirate! 8/10 – 8/14
Monday				
Tuesday				
Wednesday				
Thursday				
Fun Friday				

**\*Subject to change due to COVID-19.  
If any changes occur you will be notified immediately.**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

**Cost:** \$30.00 per day, due with registration: Tuition refund – on a case by case basis, director approval required.

Total Day(s) \_\_\_\_\_ x \$30.00 = \$ \_\_\_\_\_ Total due: \_\_\_\_\_

**Special Offer! - Register for every day ...Save 20%!**

Every day: \$480.00 \_\_\_\_\_ Total due: \_\_\_\_\_

\*Please see back for payment options.

Checks should be made payable to His Kids Christian Preschool. Envelopes containing payments may be mailed, placed in the preschool office mailbox, or handed to the Director. A \$35.00 service charge will be assessed on any check that is returned.

If a family chooses to use the online payment option through Zip Books and Square, the parent will be responsible for the extra fees charged through Square. At this time the fee is 3.1%. **The parent would need to let the Director know prior to making the payment.** The Director would then add that fee to their invoice. The parent would then be able to make their online payment.

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Please check appropriate space below:

\_\_\_\_\_ I will be paying my summer camp payment via paper check to His Kids Christian Preschool.

\_\_\_\_\_ I will be paying my summer camp payment via Square (online payment option through ZipBooks). I understand that I will be assessed an additional 3.1% fee for choosing this option. This fee will be added to my invoice prior to my payment.

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For Office Use Only

Total Due: \_\_\_\_\_

Paid by: check # \_\_\_\_\_, cash \_\_\_\_\_, online \_\_\_\_\_

Date of Payment \_\_\_\_\_