



PRESCHOOL SOLUTIONS
 PO Box 293, 1406 Kings Highway
 Sugar Loaf, NY 10981
 845-827-5360
 pssolution@optimum.net

REGISTRATION FORM
2023 Summer Camp 2s, 3s & 4s
Monday – Friday / 9:30 – 12:00 pm
\$155 per session plus \$15 activity fee per session

Please join us for relaxed learning and social activities using movement, singing, manipulatives, water play and FUN!

Child's name: _____ Date of birth: _____ Gender: M/F

Please select the camp program associated with the Pre-K grade your child just completed. You may choose 1, 2, or all 3 sessions. Sessions close at 15 campers.

Circle your program and desired session(s): **Pre-K 2** **Pre-3** **Pre-K 4**

Session 1 – Week of July 10th

Session 3 – Week of July 25th

Session 2 – Week of July 18th

Session 4 - Week of July 31st

SNAPSHOT: Allergies or dietary restrictions: _____

Child's physician: _____ Phone: _____

Childhood illnesses/diseases/medications taken regularly: _____

OFFICE USE ONLY:

Registration Fee \$25 Cash cc auth #/check #: _____ Rec'd by/Date: _____

Summer I Tuition & Activity Fee: Cash cc auth #/check #: _____ Rec'd by/Date: _____

Summer II Tuition & Activity Fee: Cash cc auth #/check #: _____ Rec'd by/Date: _____

Summer III Tuition & Activity Fee: Cash cc auth #/check #: _____ Rec'd by/Date: _____

Summer IV Tuition & Activity Fee: Cash cc auth #/check #: _____ Rec'd by/Date: _____

Notes:

Child lives with: (names) _____

Address: _____

Primary phone: _____ Secondary phone: _____

Email for newsletter and updates: _____

School District: _____

Does your child receive Early Intervention or Preschool Services? _____

Emergency contacts and adults authorized to pick up your child (other than parents):

1. Name: _____ Relationship: _____

Phone: _____ Driver's license on file

2. Name: _____ Relationship: _____

Phone: _____ Driver's license on file

3. Name: _____ Relationship: _____

Phone: _____ Driver's license on file

Is there anyone who should **NOT** be picking up your child? (please be specific):

Please remember to notify us if your contact information changes during the school year.

Please initial:

The preschool may obtain emergency treatment if I cannot be contacted immediately. _____

Tuition is due regardless of absences, vacations, holidays, or emergency closings. _____

I accept responsibility for my child's transportation, including off-site field trips. _____

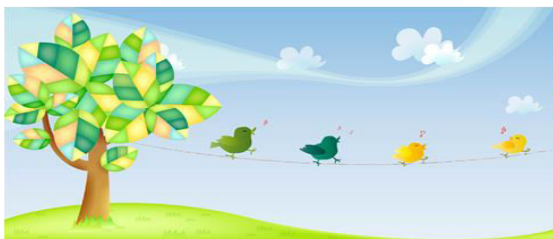
My child may be photographed and photographs may be used for: (initial all that apply)

Website ___ Local print advertising ___ Social Media ___ Internal Bulletin Boards ___

I have read and understand the policies.

Signature

Date



Information we can share with the classroom teacher

Child's name: _____ Nickname: _____

Is your child potty trained? _____

Is this your child's first experience away from you? _____

Does your child have any fears we should know about? _____

What is the best way to comfort your child? _____

Are there any activities that make your child uncomfortable? _____

What toys/activities does your child love? _____

What would you like your child to gain from this camp experience? _____

Do you have any concerns that you would like us to know about? _____

Signature

Date



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ALLERGY PLAN

Please complete the following allergy information for your preschooler:

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone # _____

Emergency Information: _____

choose one

To date my child has no known allergies: _____ (parent sign)

Please use the treatment plan(s) below: _____ (parent sign)

Allergic to: _____

Treatment plan: _____

Allergic to: _____

Treatment plan: _____

2023 Parent Summer Camp Registration Cost Calculator

Camp tuition is refundable 30 days prior to each session start date. Refund requests must be in writing. Registration fee is non-refundable.

Registration Fee (non-refundable) \$25.00

Session 1 – Week of July 10th - \$155.00 _____

Activity Fee (non-refundable) - \$15.00 _____

Session 2 – Week of July 18th - \$155.00 _____

Activity Fee (non-refundable) - \$15.00 _____

Session 3 – Week of July 25th - \$155.00 _____

Activity Fee (non-refundable) - \$15.00 _____

Session 4 - Week of July 31st - \$155.00 _____

Activity Fee (non-refundable) - \$15.00 _____

TOTAL _____

Note: Summer camp payment is due before the start of each session. Payments can be made by cash, check, or credit card. Checks should be made out to Preschool Solutions (PSS). The returned check fee is \$35. Cash or check are the preferred methods of payment; however, credit cards are accepted for your convenience. If you opt to pay by credit card, you will be charged a \$10.00 convenience fee for each transaction. This fee will be added to the session fee. Please note you may pay by cash or by check without incurring a convenience fee.



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Waiver and Release of Liability

I agree that this Waiver and Release of Liability shall apply to each day I am at **Preschool Solutions** (PSS) regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while on the premises of the preschool or participating in any off-site preschool program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suits, or related causes of action against **Preschool Solutions**, (PSS) their owners, officers, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third party claims, suits or related causes of action asserted against the preschool arising from my conduct and/or my family's conduct while participating in the preschool's programs or activities. I further agree to release, indemnify, defend and hold **Preschool Solutions** (PSS) harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

PSS Student's Name: _____
Parent/Guardian's Name: _____
Signature: _____

Student's DOB: ___/___/___
Relationship: _____
Date: _____