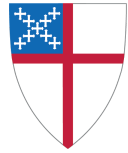


**Calico Cat Preschool**  
 at Holy Trinity Episcopal Church  
 90 Leonardine Avenue  
 South River NJ 08882  
 www.CalicoCatPreschool.com  
 732.254.2276



## 2025 Summer Camp Registration

Name of Child: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\*\*\*\*\* PLEASE CIRCLE THE WEEKS YOUR CHILD WILL ATTEND \*\*\*\*\*

Week 1 6/30-7/3	Week 2 7/7 - 11	Week 3 7/14 - 18	Week 4 7/21 - 25
Week 5 7/28 - 8/1	Week 6 8/4 - 8/8	Week 7 8/11 - 8/15	Week 8 8/18 - 8/22

**Full Day Hours 8:00 A.M. to 4:00 P.M.**

PLEASE CIRCLE PROGRAM:

2 days    3 days    4 days    5 days

PLEASE CIRCLE THE DAYS YOUR CHILD WILL ATTEND:

**MON      TUES      WED      THURS      FRI**

I understand there is **NO** Before or After Care in the summer but if available, I am interested. (extra fee required)

BeforeCare 7-8am \_\_\_\_\_ AfterCare \_\_\_\_ 4-5:30

**Calico Cat Preschool**  
at Holy Trinity Episcopal Church

Parent Names: \_\_\_\_\_  
   (mother)  (father)

Email Address: \_\_\_\_\_  
   (mother)  (father)

Best Phone # \_\_\_\_\_  
   (mother)  (father)

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Friend/Relative to be notified in an Emergency if both parents are unavailable who is authorized to pick up my child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Other Members of the Household: (Sister, Brother (ages), Grandparents, etc.)

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I HAVE READ AND UNDERSTAND THE FOLLOWING:

1. IN THE EVENT OF A MEDICAL EMERGENCY, I AUTHORIZE CALICO CAT PRESCHOOL TO SEEK EMERGENCY MEDICAL CARE FOR MY CHILD AS DEEMED NECESSARY BY THE DIRECTOR OR ASSISTANT DIRECTOR.
2. ALL TUITION AND FEES ARE NONREFUNDABLE
3. There are NO CREDITS, SWITCHING OF DAYS OR MAKE UP DAYS due to illness, absences, inclement weather, school closings, etc.
4. Payment is due on or before June 26 for July and August 1. Unpaid tuition will forfeit your child's placement in the class.
5. Extra days may be added when needed with director approval. \$93/day.
6. RETURNED CHECK FEE is \$40. If two RETURNED checks are received further payments must be made with cash or money orders.

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parent signature date