



Summer Camp Enrollment Form 2020

Desert Blossom Preschool offers half and full day options Monday through Thursday this summer. We are closed on Fridays.

Check those that apply:

- | Morning Preschool
8:00am-12:00pm | Morning Two Yrs
8:00am-12:00pm | Full Day
8:00am - 4:30 pm |
|--|--|--|
| <input type="checkbox"/> 2 days/week
\$65/week | <input type="checkbox"/> 2 days/week
\$80/week | <input type="checkbox"/> 2 days/week
\$80/week |
| <input type="checkbox"/> 3 days/week
\$85/week | <input type="checkbox"/> 3 days/week
\$100/week | <input type="checkbox"/> 3 days/week
\$120/week |
| <input type="checkbox"/> 4 days/week
\$115/week | <input type="checkbox"/> 4 days/week
\$130/week | <input type="checkbox"/> 4 days/week
\$180/week |

*Subject to change based on enrollment

Check those that apply:

*Dates may be subject to cancellation based on enrollment numbers, two weeks' notice will be given

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> July 6-9 | <input type="checkbox"/> August 3-6 |
| <input type="checkbox"/> July 13-16 | <input type="checkbox"/> August 10-13 |
| <input type="checkbox"/> July 20-23 | <input type="checkbox"/> August 17-20 |
| <input type="checkbox"/> July 27-30 | |

Tuition Total: _____

Name of Child: _____

Birthdate: _____

Parents: _____

Best number to reach you: _____

Alternate Number: _____

Full address: _____

E-mail: _____

Mother's place of work: _____ Work number: _____

Father's place of work: _____ Work number: _____

Child's Doctor: _____ Phone: _____

Emergency Contact Information

Name: _____

Number: _____

Other People Authorized to Pick-up your Child

Name: _____

Number: _____

Name: _____

Number: _____

Are your child's immunizations up to date? Yes () No ()

If no please explain: _____

Does your child have any known health problems? Yes () No ()

(If yes please attach documentation)

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions?: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken: _____

Please comment on any other medical information/ or special need we should be aware of: _____

I authorize Desert Blossom staff to obtain the following services for my child if necessary: Public health nurse, Physician or Ambulance in the event of an emergency (ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Desert Blossom Preschool must be notified in writing (hard copy or printable email) at least one month in advance of a schedule change or of your child's withdrawal. Adjustments in billing if needed will be made at this time. No refunds will be given for short notice.

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

Office Use

Summer Tuition attained _____ Check # _____