## **Preucil Preschool Summer Camp 2022 Registration Form**

Student's Name:		Birthdate	:/	
Parent/Guardian	Names:			
City:	State:_	Zip:		
Phone:	Email:			
Please select wh	ich of following camps those you w	ould like to register for:		
Check Here ☑	Camp Name	Dates	Fees	
CHECKTICIE	Theme Garden	June 13-17	140	$\dashv$
	Building	June 20-24	\$140	_
	Rainbows	June 27-July 1	\$140	_
	Simple Machines/STEM	July 5-8	\$115	
	Story Theater	July 11-15	\$140	
	Nature	July 18-22	\$140	
	(New students only)	Registration Fee	\$10	$\neg$
		Total		
Preucil Fa	ation (please check one) milies only: Use Direct Debit payme n by credit card www.preucil.org/pr	reschoolsummercamp		
I am maili Camp Cancellatio	ng in check # for \$	to cover tuition for	_ (# of weeks)	
<ol> <li>If you can your set</li> <li>Cancellaten controllm</li> </ol>	ancel your registration before June ssion registration after June 10th, nation by Preucil Preschool: Minimurent is insufficient. Any tuition paid for enrollment adjustments.	o refund will be given unless we ar n enrollment for all classes is 7 stu will be refunded in full. After the fi	e able to fill your student's dents. We reserve the right	spot. to cancel a class i
3. I have r	ead, understood and agree to the r	egistration policies stated above.		
	Guardian Signature:		_	
_	ntion Questions? Please contact Mo um Questions? Please contact Trici			
	email the completed Registration fo it card at <a href="www.preucil.org/preschoog">www.preucil.org/preschoog</a>		nleefers@preucil.org. Payn	nent can be made

Or mail the completed Registration form, Child Information form and your tuition payment to Preucil Preschool Summer Camps, 2916 Northgate Drive, Iowa City, IA 52245.

## **Child Contact Information**

## Parents - Complete each section

Childs name	Child's Birthdate		Telephone number			
Parent #1 name		Parent #2 name				
Child Home Address #1		Telephone #1				
Child Home Address #2		Telephone #2				
Parent #1 Employer name	Work Address		Work Phone			
Parent #2 Employer name	Work Address		Work Phone			
In the event of an emergency, Preucil School is authorized to obtain EMERGENCY MEDICAL care even if the child care center is unable to immediately make contact with the parents/guardians. During an emergency Preucil School is authorized to contact the following person when a parent or guardian cannot be reached.						
		Date				
Emergency contact name Relationship to child Phone #						
Permission to apply sunscreen Yes or No (please circle)	Parent's signat	ure 	Date			
Yes Privacy Statement  No I grant permission to the staff of Preucil School of Music to publish or broadcast for the purposes of promotion, publication, entertainment and/or education any private session photographs or audio or video recordings in which my child appears. Please note that photographs taken during any group event may be used in publication without written permission.						
X Signature of Parent  Date						
X Please print name						
Comment section for any additional information you would like to add						
For office use only						
Recd by Date		nount received				
Check # Sessions attending 1 2 3 4 5 6						