Camp Co-op Registration Form

Summer 2024 Paso Robles Co-op Preschool, Inc. 533 15th St.,Paso Robles, CA 93446

Phone (80 5} 238-5059

License # 406-210-901 / Tax ID #95-268-1047

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reg. fee ($30) \_\_\_\_\_\_\_\_\_\_\_\_

I am enrolling my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Address Phone Email**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Paso Robles, Cooperative Preschool, Inc. Camp Co-op Summer School program.

Birthdate

I am aware of the following requirements and procedures, which will be binding on me as a parent or legal guardian:

1. All required health forms must be completed and turned in before my child may attend the program.
2. The Paso Robles Co-op Preschool & contents are cleaned & disinfected daily. I will not hold PRCP or representatives responsible for the contact &/or spread of any contagious disease or infection . I will notify PRCP Director/ Staff immediately if any family member is exposed to, or tests positive for, any contagious disease or infection .
3. My child must bring a small healthy snack, and towel, and come dressed in swimsuit or clothes acceptable for water play each day that they attend.
4. I understand the following concerning fees, tuition, fines :
   1. Prepaid tuition is due before your child attends Summer School each day. The daily rate is $37 for scheduled or drop in attendance . A punch pass of 5 days, costing $175 is available for considerable savings. The pass can be used through Camp 2024.
   2. Full tuition is prepaid each day of Summer School that your child attends regardless of illness or partial absence. Fees are due before school starts for the day or can be paid with the punch pass.
   3. Reserve space for your child/ren by phone or in person on a first come, first served basis. If a cancellation is necessary; you must call

before 7:00 a.m. of the reserved day being dropped or you will be responsible to pay for that day. Call the office phone and leave a time/ date recorded message: 805.238.5059.

* 1. There is a $50 fee for returned checks.
  2. A non-refundable fee of $30 is paid with this registration.
  3. A 10% discount is given when there are 2 or more children attending camp from the same immediate family.
  4. Summer Camp Parent Aides (1 per day) are welcome with submitted vaccine/ TB test requirements. In exchange for your help, you will receive 1 child’s free tuition for that day & future tuition credit. See Director/ Staff for more details.

Failure to comply with the above requirements will result in your child/ren's dismissal.

I have read and understand the above stated requirements for the Paso Robles Co-op Preschool, Inc Summer program and agree to them.

Parent/ Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print both Parents Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*By initialing here, I agree to let PRCP Co-op Staff &/ or Working Parents apply sunscreen to my child(ren} as necessary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Hours 8:30-1 2:00 \*Tuesdays, Wednesdays, Thursdays \*June 4th thru June 27th

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