



Summer School 2024 Registration

6652 Heil Avenue HB, CA 92647-4359
714-842-1630 Lic# 300 600 219

Welcome to an exciting 4 weeks of summer school at CUMC! We will once again take advantage of our outdoor space to offer an outdoor Summer School experience. Each week will offer a nature based theme that might include: Insects, Birds, Rocks, Trees, Clouds, Water, Seeds and Planting, etc. Many will overlap as it is all interconnected.

Important Details:

Dates: June 24 - July 19th

- Week 1 - June 24 - 28
- Week 2 - *July 1 - 5 (the 4th is a holiday)
- Week 3 - July 8 -12
- Week 4 - July 15 - 19

Times: Morning: 8:30 - 11:45, Lunch Bunch: 11:45 - 12:45 pm (Optional)

Cost: Varies - Summer Programs are weekly. You can choose the number of days your child attends per week, but there is one weekly price for mornings and for those wanting Lunch Bunch.

- \$145/week for morning only.
- \$190/week with Lunch Bunch Option
- *2nd week is only four days \$115/week and \$155/week with Lunch Bunch Option
- Full Program of 4 weeks = \$550; with Lunch Bunch Option \$725

Registration: Registration opens Feb. 1st. You can sign up for 1, 2, 3 or all 4 weeks. Payment for Summer School is due on the first day of the first session of summer school. If you fail to attend the first day of a week you've signed up for without letting us know, we will consider your child's spot forfeited. A late fee of \$10 will be charged for late tuition. Space is limited and we expect a waiting list.

Age: With recent changes in Early Childhood licensing, kids must be between 3 & 5 1/2 years old to attend Summer School.

Snack: Snack will be provided by parents. Snack information will be sent before the first day.

What to bring: There will be many opportunities for water and messy play. For your child's protection, and comfort, we strongly recommend that you send water shoes (or shoes with a good sole and that can get wet/muddy). We are not allowed to apply sunscreen, so please apply this before you arrive. Please send a water bottle, hat and towel each day and be sure everything is labeled with your child's name.



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Child's Full Name _____ Birthday _____ Age _____

Mom's Cell _____ Dad's Cell _____

Mother's Name: _____ Father's Name: _____

Email address for receiving preschool information: _____

Allergies: _____

Is there a custody order concerning this child? Yes No

Is there anything we should know about your child? Anything that will help them feel more comfortable?

Program Choices (Please Check All That Apply)

Check Choices	Week and Dates	Mornings Only	Mornings and Lunch Bunch	Total
<input type="checkbox"/>	Week 1 - June 24 - 28	\$145	\$190	
<input type="checkbox"/>	Week 2 - July 1 - 5 (The 4th is a holiday.)	\$115	\$155	
<input type="checkbox"/>	Week 3 - July 8 -12	\$145	\$190	
<input type="checkbox"/>	Week 4 - July 15 - 19	\$145	\$190	
<input type="checkbox"/>	Full Program	\$550	\$725	

I understand that fees are per week regardless of the number of days my child attends school during the week. I understand that if my child does not attend the first day of a scheduled week, the spot will be forfeited if prior notice has not been given. I understand that a \$10 late fee will be charged if I haven't paid by the first day of the Summer Program.

Signature: _____ Date: _____

For Office Use Only: \$ _____ Due Paid in Full Cash Check Online Payment Date: _____