

## Spring Break Registration Form 2019

WELLINGTON

PRESCHOOL & KINDERGARTEN THROUGH 2<sup>ND</sup> GRADE

Cambridge Schools will be closed, for Spring Break,  
beginning Monday, March 18<sup>th</sup> through Friday, March 22<sup>nd</sup>, 2019  
However, **Camp Cambridge®** for all children will be available.

**Schools will be closed on Monday, March 25<sup>th</sup> for a Professional Development Day.  
Classes will resume on Tuesday, March 26<sup>th</sup>.**

**Spring Break Camp hours of 8:30 am-3:00 pm are available for \$45.00 per day.**

**Before Camp (7:00am-8:30am) is available for \$10.00 per day.**

**After Camp (3:00pm-6:00pm) is available for \$15.00 per day.**

Pre-registration is **absolutely** necessary in order for your child to attend any days at Camp Cambridge®.

**PLEASE REVIEW YOUR DATES AS THERE WILL BE  
NO REFUNDS GIVEN FOR ABSENCES FOR ANY REASON.**

**Registration and payment is due by Friday, March 1<sup>st</sup>**

**THIS DEADLINE MUST BE HONORED TO PLAN CLASS ENROLLMENT AND STAFFING NEEDS.**

**If registration is received after the above due date there will an additional \$10 per day fee incurred.**

**All Kindergarten - 2<sup>nd</sup> grade children require:**

**A full enrollment packet**

**Copies of current Good Health certificate and Vaccination records.**

**CATERED LUNCHES WILL BE AVAILABLE TO ORDER IN ADVANCE ONLY.**

**ORDERS MUST BE PLACED AT TIME OF REGISTRATION (MENU ATTACHED)**

Please check off all the days that your child will be attending Spring Camp Cambridge®.

<b>Camp Dates</b>	<b>Camp Day \$45</b>	<b>Before Care \$10</b>	<b>After Care \$15</b>	<b>Lunch \$5.00</b>	<b>Milk \$1.00</b>	<b>Total Cost:</b>
Monday, March 18 <sup>th</sup>						
Tuesday, March 19 <sup>th</sup>						
Wednesday, March 20 <sup>th</sup>						
Thursday, March 21 <sup>st</sup>						
Friday, March 22 <sup>nd</sup>						

\_\_\_\_\_ # of Camp Cambridge® Days = \$\_\_\_\_\_ (NO REFUNDS)

**~Payment is due at time of registration~**

\_\_\_\_\_ Tuition Express agreement on file

\_\_\_\_\_ check attached

\_\_\_\_\_ Date

\_\_\_\_\_ Name of child

\_\_\_\_\_ Parent's Signature

\_\_\_\_\_ Room #