

Hello SUMMER

Who: St. Benedict's Preschool Students & Friends

What: Summer Program 2024

Where: Right here at St. Benedict's

When: June 4th through June 27th
Tuesday, Wednesday, Thursday
9:30a.m. to 2:00p.m.

Why: TO HAVE GREAT SUMMER FUN!

How: Simply complete the summer program enrollment form and return it no later than **May 1st, 2024**, along with the registration fee to the preschool office. It's that easy!

Church of Saint Benedict's Preschool Program Summer 2024

Welcome! We are very excited to roll out our summer program schedule. Enrollment will be limited to 2 classes of 14 students; this will be on a first come basis. A fun-filled curriculum of activities, music, crafts and learning through play will be provided in the most creative way. Our enthusiastic staff can't wait to show you how much fun learning can be!

Our summer program is from June 4th through June 27th. This will be a three-day program: Tuesday, Wednesday and Thursday, with each day beginning at 9:30am and ending at 2:00pm for children ages 2-5.

Tuition for this four-week session will be \$300 per child due by May 1st
second child \$275.

A non-refundable registration fee of \$30 is due at the time of registration to secure your child's enrollment. The \$30 will be deducted from tuition (30+270=300).

There will be no refunds given after May 1st.

Remember enrollment is limited and will fill quickly, so act promptly to ensure your child's position in this fun-filled summer session!

Please complete the enclosed summer enrollment form and return along with payment to:

St. Benedict Preschool 2200 West Ithica St. Broken Arrow, OK 74012 or simply drop it by the preschool office.

We look forward to sharing summer fun with your child!



Church of Saint Benedict Preschool

2200 W Ithica St Broken Arrow, Ok 74012

Summer Registration Form

Family Name _____

Child's Full Name _____

Birth Date: _____
Mo./Day/Year

Gender: M/F

Second Child's Full Name: _____

Birth Date: _____
Mo./Day/Year

Gender: M/F

Catholic _____ Non-Catholic _____ Parish Affiliation _____

Mother: _____
Name Work Phone Cell Phone

Father: _____
Name Work Phone Cell Phone

Married: _____ Single: _____ Divorced: _____ Widowed: _____

Child Lives with: _____

Home Address: _____

Email: _____

Allergies or Medical Alerts: ___yes ___no (if yes please explain):

I give my permission of video or photographs of my child to be used for promotion of the school. ___yes ___no

Parent Signature/ Date: _____