

WWW.SYVPPS.ORG

SYVPPS Cubs Summer School



**NEW OR
RETURNING
STUDENTS**

**\$115
PER
WEEK**

**T/W/TH
9:00-12:00**

**June 4th -
July 18th**

For any new or
returning students
Preschool prep,
Social/Emotional
Focus, music art
and play.

**REGISTER
TODAY!**

1825 Alamo Pintado Rd
Solvang, Ca 93463
805-688-4440

Santa Ynez Valley Presbyterian Preschool
1825 Alamo Pintado Rd., Solvang, CA 93463
Phone (805) 688-4440 Fax (805) 688-2665
E-Mail: office@syvpps.org
License # 421700345

Summer School Registration Form for 2024

What is our Summer program?

It is less structured than our Fall program which allows more time for creative art, science, and outside fun with lots of water play. Children will explore together under the supervision of two or more teachers. **Limited spaces are available for this program.**

Who can attend?

The summer program is available to all children who are at least 2 years and 9 months old, fully potty trained and enrolled in our preschool for the 2024-2025 school year.

Child's Name _____ Birthdate _____ Cell Phone _____

Parent's Name _____ Work Phone _____

Mailing Address _____ City _____

Email Address _____

Child's Physician _____ Phone _____

Allergies _____

This is a non-refundable program. Tuition is payable online or in the school office by check or cash. You are responsible for the days that you have signed up for unless a one-week notice has been given. Weeks may be added, if room is available. New students will also need to turn in the registration packet, including a physician's report. All new students must show proof of immunizations and a signed physician's report.

People who can pick up my child or be called in case of emergency
Name _____ Phone (Home/Cell) _____ (Work) _____

The steps in case of emergency care may include, but are not limited to:

1. Attempt to contact parent or guardian.
2. Attempt to contact child's physician.
3. If we cannot contact you or your child's physician, we will do any of the following, Call an ambulance or have the child taken to an emergency room in a hospital in the company of a staff member.

Any expense incurred from above will be borne by the child's family.

Signature of Parent or Guardian _____ Date _____

Sorry, no scholarships are available for our summer program.

Registration for Summer School – 2024

Child's Name _____ Phone _____

Check Each Week Needed

_____ June 4th, June 5th, June 6th (T/W/Th 9:00 am-12:00 pm)

_____ June 11th, June 12th, June 13th (T/W/Th 9:00am-12:00pm)

_____ June 18th, June 19th, June 20th (T/W/Th 9:00 am-12:00 pm)

_____ June 25th, June 26th, June 27th (T/W/Th 9:00 am-12:00 pm)

_____ July 9th, July 10th, July 11th (T/W/Th 9:00 am-12:00 pm)

_____ July 16th, July 17th, July 18th (T/W/Th 9:00 am-12:00 pm)

Tuition for the week is \$115 and is due every Tuesday. This is a Non- Refundable Program.
Enrollment must reach 6 students per day or the day will be canceled. We will cap each week at 15 students.

“Learning Through Love Gives Life”