## "Summer at Sand Hills" 2024

Child's Name			<del></del>		
Sex	Birth Date		Class enrolled for Fall		
•	•	Dec. 31, 2024, toilet t r (or be enrolled in cu		ed for the upcoming Sand Hills ol year).	
Week(s) atte	ending: (Mon	day - Friday, 9 am	- 12 pm)		
	_ Week 1:	July 8 - 12 July 15 - 19			
		July 15 - 19 July 22 - 26			
	•	on fee \$15, Tuition d Hills Preschool')	\$140 per week		
Discounts:	20% sibling discount 25% church member discount Discounts may not be combined.				
Parent/Care	giver Names				
Home Addre	.SS			<del></del>	
Email Addre	ss			_	
Phone #				<del></del>	
Phone #			<del></del>	(name)	
				(name)	
_	ncy contact p those listed	eople authorized to above)	pick up your ch	ild:	
Name			Name		
Address			Address		
Call			Cell		

## IF NOT ALREADY SUBMITTED, PLEASE SEND A COPY OF HEALTH IMMUNIZATION RECORD WITH PAYMENT BY JUNE 1, 2024.

Allergies or medical conditions: Yes or No					
If Yes, explain					
In the event of serious injury/illness, I give the Preschool permission to use whatever means necessary to save my child's life.					
Parent/Caregiv	er Signature	Date			
•	ls Preschool permission t ges (Instagram & Facebo	o use photographs (no names) for the school's ook)			
Parent/Caregiv	er Signature	Date			
Carpool inform	ation				
below the name	• ,	ames and numbers already provided, please list numbers of all carpool drivers that have your hild.			
Name	Address	Phone			
Give specific d	etails of carpool arrange	ment, who will pick up, drop off, etc:			
not arrange car for ensuring tr	pools and shall have no f	e parent-to-parent directly. The school does further responsibility for these arrangements or a school if such arrangements are made by you.			
Parent / Careg	iver Signature	 Date			