



# PASADENA CHRISTIAN PRESCHOOL FUN IN THE SUN

For students ages 18 months to 5 years

Full Day Program: 7:00 am — 6:00 pm

Morning Program: 7:00 am — 12:30 pm

## PRESCHOOL FUN IN THE SUN

Your little ones will enjoy a summer filled with adventure in our nurturing, safe and dynamic environment. Our amazing teachers will provide a stable routine that balances ample free play with fun and engaging scheduled activities. Students will enjoy daily water play, outdoor time in our award-winning Outdoor Classroom, arts and crafts, stories, music and movement, and Bible lessons. In addition, each day will feature one “special activity” for the students to enjoy. It is going to be a fantastic, fun ☀️ sun filled summer!

## PROGRAM OUTLINE

2025 CAMP THEME: Deep Sea Discovery!

### DAILY SCHEDULE

7:00 — 8:30	Morning Care
8:30 — 12:00	Camp Activities
12:00 — 1:00	Lunch
1:00 — 3:00	Nap
3:00 — 6:00	Afternoon Activities

### DAILY SPECIAL ACTIVITIES

Mondays:	Art ☀️ More
Tuesdays:	Splishin' ☀️ Splashin'
Wednesdays:	Spirit Day ☀️ VBS Chapel
Thursdays:	Popcorn ☀️ Movie Day
Fridays:	Stay Trips (Special Events)



# 2025 PRESCHOOL FUN IN THE SUN REGISTRATION FORM

## Terms and Conditions

### REGISTRATION

To enroll your child, submit your registration form per the deadlines stated below. Registration forms may be emailed, mailed, dropped off at the preschool office, or left in the collection box in the front office. Please label all correspondence Attn: PRESCHOOL.

### REGISTRATION DEADLINES –

**NOTE: Currently enrolled PCS students will be guaranteed placement through March 15<sup>th</sup>. Placement is based on program availability, and registrations will be processed based on availability and in the order they are received.**

**Register by March 15:** Your tuition account will be billed in either 1 installment (April) or 2 installments (April and May).

**Registrations received after April 15:** Full tuition + \$50 processing fee due now through FACTS.

**Non-returning students/Registrations received after April 15:** Full tuition + \$50 processing fee must be paid via check or money order.

**External Students:** Payment is due in full at the time of registration by check or money order (+\$50 processing fee after April 15<sup>th</sup>, 2025)

### CANCELLATIONS AND REFUNDS

All cancellations must be submitted in writing to the preschool office.

**On/Before April 15:** Cancellations and schedule changes may be submitted and will result in a **credit** on your family account. No refunds will be issued for cancellations or reductions in care.

**After April 15:** No refunds for cancellations or reduction in care.

No reduction in charges will be made for time missed, i.e., lost time due to illness. Additional payments will be required for increases in care.

### SCHEDULE CHANGES

Once registration forms have been submitted, schedules may be altered one time at no additional cost. A fee of \$50 will be charged to your account for each subsequent change thereafter.

### RETURNED CHECKS

*A fee of \$50 will be charged to your account for returned checks. More than one returned check may result in the dismissal of your child(ren) from Pasadena Christian School.*

**If you are purchasing an extra t-shirt:** payment for the extra t-shirt fee must be made at the time of registration. Extra T-shirt fees will not be billed to your account. ***Extra T-shirt Order Deadline: April 15***

**Late Pick-up Fines:** **In the event of a late pickup, you will be billed \$10.00 plus \$1 per minute past 12:45 PM for HALF-DAY Students and \$20 plus \$2 per minute past 6:00 PM for FULL-DAY Students. Half-Day Students who stay past 1:00 PM will be billed the current afternoon rate and can then stay until 6:00 PM. Out of courtesy and consideration for our teachers, please phone ahead and inform us of your delay.**

**\*\*To participate in this program, all financial obligations to PCS must be current.\*\***

# 2025 PRESCHOOL FUN IN THE SUN REGISTRATION FORM

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender M / F

Fall 2025: ☐ PCS Preschool or ☐ Other School: \_\_\_\_\_

☐ Father ☐ Male Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell \_\_\_\_\_ Work: \_\_\_\_\_ Email \_\_\_\_\_

☐ Mother ☐ Female Guardian Name: \_\_\_\_\_

☐ Same Address or ☐ Other \_\_\_\_\_

Cell \_\_\_\_\_ Work: \_\_\_\_\_ Email \_\_\_\_\_

Each child will receive one summer camp T-shirt. **Please circle the size of T-shirt needed.**

**T-Shirt Sizes: 3 4 5** Optional: Number of additional T-shirts \_\_\_\_\_ X \$12 = \_\_\_\_\_

## PROGRAM OPTIONS

### SESSION 1: June 9<sup>th</sup> – July 3<sup>rd</sup>, 2025

*\*No Camp Fri., July 4<sup>th</sup>*

- |  |         |   |         |
|--|---------|---|---------|
| <input type="checkbox"/> 2 Full Days (T/TH)  | \$ 840  | <input type="checkbox"/> 2 Mornings (T/TH)  | \$ 505  |
| <input type="checkbox"/> 3 Full Days (M/W/F) | \$ 1155 | <input type="checkbox"/> 3 Mornings (M/W/F) | \$ 695  |
| <input type="checkbox"/> 5 Full Days (M-F)   | \$ 1995 | <input type="checkbox"/> 5 Mornings (M-F)   | \$ 1200 |

### SESSION 2: July 7<sup>th</sup> – July 31<sup>st</sup>, 2025

*\*The last day of camp is Thurs., July 31<sup>st</sup>*

- |  |         |   |         |
|--|---------|---|---------|
| <input type="checkbox"/> 2 Full Days (T/TH)  | \$ 840  | <input type="checkbox"/> 2 Mornings (T/TH)  | \$ 505  |
| <input type="checkbox"/> 3 Full Days (M/W/F) | \$ 1155 | <input type="checkbox"/> 3 Mornings (M/W/F) | \$ 695  |
| <input type="checkbox"/> 5 Full Days (M-F)   | \$ 1995 | <input type="checkbox"/> 5 Mornings (M-F)   | \$ 1200 |

### HALF SESSION OPTIONS: 5 days per week only

<b>Weeks 1 &amp; 2</b> June 9 <sup>th</sup> -13 <sup>th</sup> & 16 <sup>th</sup> -20 <sup>th</sup>	<input type="checkbox"/> Full Days	\$ 1050	<input type="checkbox"/> Mornings	\$ 630
<b>Weeks 3 &amp; 4</b> June 23 <sup>rd</sup> -27 <sup>th</sup> & 30 <sup>th</sup> -July 3 <sup>rd</sup>	<input type="checkbox"/> Full Days	\$ 945	<input type="checkbox"/> Mornings	\$ 570
<b>Weeks 5 &amp; 6</b> July 7 <sup>th</sup> -11 <sup>th</sup> & 14 <sup>th</sup> -18 <sup>th</sup>	<input type="checkbox"/> Full Days	\$ 1050	<input type="checkbox"/> Mornings	\$ 630
<b>Weeks 7 &amp; 8</b> July 21 <sup>st</sup> -25 <sup>th</sup> & 28 <sup>th</sup> -31 <sup>st</sup>	<input type="checkbox"/> Full Days	\$ 945	<input type="checkbox"/> Mornings	\$ 570

**+\$50 processing fee for registrations submitted AFTER April 15 = \_\_\_\_\_**

**GRAND TOTAL \_\_\_\_\_**

# 2025 PRESCHOOL FUN IN THE SUN REGISTRATION FORM

Student Name \_\_\_\_\_

## PLEASE SELECT A PAYMENT OPTION:

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### **Returning & Newly enrolled PCS Students with a 2025-2026 PCS FACTS Tuition Account**

#### **By March 15, 2025:**

- ☐ ONE INSTALLMENT: Account will be billed in Full in April
- ☐ TWO INSTALLMENTS: Account will be billed in 2 equal installments in April and May

#### **After April 15, 2025:**

- ☐ ONE INSTALLMENT: Account will be billed in full upon receipt of application + a \$50 processing fee. The amount will be due as soon as it is billed.

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### **Non-Returning PCS Students with an existing 2024-2025 FACTS Tuition Account:**

#### **By March 15, 2025**

- ☐ ONE INSTALLMENT: Account will be billed in Full in April
- ☐ TWO INSTALLMENTS: Account will be billed in 2 equal installments in April and May

#### **After April 15, 2025**

- ☐ Full payment + \$50 processing fee must be paid via check or money order

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### **External Students (Non-enrolling/No PCS FACTS Tuition Account)**

- ☐ Payment due in full **by check or money order (+\$50 processing fee after April 15, 2025)**

### **ACKNOWLEDGMENT OF TERMS & CONDITIONS**

I have read and agree to the terms and conditions of enrollment in the summer program at Pasadena Christian School as contained in this agreement. I understand that there will be no refunds offered after April 15, 2025.

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**Signature of Primary Payor**

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**Date**



# 2025 Pasadena Christian Summer Program Emergency/Disaster/Photo Release Form

*This Emergency Form goes with paramedics in case of an emergency and assists staff when providing medical assistance.*

Grade/Age (2025-2026) \_\_\_\_\_ School in 2025-2026: \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

## ALLERGIES/MEDICAL INFORMATION

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_ Blood Type \_\_\_\_\_

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bee Allergy    | <input type="checkbox"/> Dairy Products | <input type="checkbox"/> <b>Uses EpiPen</b> |
| <input type="checkbox"/> Uses nebulizer      | <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Contacts/glasses   |
| <input type="checkbox"/> <b>Uses inhaler</b> | <input type="checkbox"/> Other Nuts     | <input type="checkbox"/> Wheat Products |   |

Other Conditions or Allergies: \_\_\_\_\_

Daily Medications: (This is very important in the event that emergency medical services are required.)

Please give us as much detailed information you believe we need to know about your child's health.

Father \_\_\_\_\_

Mother \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## PICK-UP/EMERGENCY CONTACTS

- List the names of TWO alternates to whom your child may be released if the school is unable to contact the parents. They should be locally available and able to transport the child.
- In case of accident, illness, earthquake, or other disaster, I authorize Pasadena Christian School to release my child to the following adults if the school is unable to contact me.
- I understand that the school may be unable to contact me to tell me that my child has been released to one of the persons listed below.
- I agree to notify these people as to their responsibility to act in this capacity.

Pasadena Christian School 1515 N. Los Robles Avenue, Pasadena, CA 91104 626.791.1214

I release Pasadena Christian School and its agents and employees from all liability which may attend, release, or non-release of my child in accordance with this authorization.

**Please list in order of preference:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Students will only be released to the alternates you have listed. If a change of alternate is desired, please notify the office in writing.**

**PHOTO CONSENT:** Pasadena Christian School (PCS) may use photographs of students in various publications or on our website. PCS reserves the right to copyright all group photographs in which your child(ren) may appear. **PLEASE INITIAL: I GIVE MY CONSENT \_\_\_\_\_ I DO NOT GIVE MY CONSENT \_\_\_\_\_**

**INFORMED CONSENT AND EMERGENCY TREATMENT AUTHORIZATION**

I/We give permission for my/our child to participate in the 2025 Summer Programs at Pasadena Christian School.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Pasadena Christian School, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the camp and the activities incidental thereto, whether the result of negligence or any other cause.

I understand that there will be two optional fieldtrips offered throughout the summer. Field trip attendance requires a field trip permission form on file. I believe that the necessary precautions and plans for the care and supervision of the children during any trip will be taken. We release the school from any liability in the case of any accident which may occur.

If parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of the PASADENA CHRISTIAN SCHOOL to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem advisable. **Signature of both parents needed.**

\_\_\_\_\_  
Signature of (mother) or (female guardian)

Date \_\_\_\_\_ Emergency Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of (father) or (male guardian)

Date \_\_\_\_\_ Emergency Phone \_\_\_\_\_

# Administration of Sunscreen, Lotion, & First Aid Medication Form

## Duration: June 9<sup>th</sup> – July 31<sup>st</sup>, 2025



Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Room #: \_\_\_\_\_

California state licensing mandates that all non-prescription/over-the-counter medications (including, but not limited to, lotions, ointments, liquids, tablets, pills, etc.) to be issued or applied at school be accompanied by a signed permission form. **If your child requires another non-prescription and/or prescription medication other than what is listed below, please request an "Administration of Medication Form" from the preschool office.**

### Instructions:

ALL non-prescription medications, lotions, creams, ointments, pills, tablets, etc. **MUST be NEW in the SEALED, original, labeled container and brought in a ziplock bag, labeled with your child's full name, birthdate and room number. Medication may not expire before the end of the summer program.**

If you would like our staff to apply or dispense any of the listed items below, please complete, sign, and return this form. All medications will be applied according to the manufacturer's instructions printed on the label.

**FIRST AID MEDICATION** – In the event of a minor first aid incident, I authorize the staff of Pasadena Christian Preschool to apply the following **school-issued** ointments if deemed appropriate/necessary by the attending staff member. These will be applied according to the manufacturer's instructions.

- |   |   |
|---|---|
| <input type="checkbox"/> Soap and Water Only  | <input type="checkbox"/> <b>Antiseptic Towelette</b> (Benzylkonium Chloride)  |
| <input type="checkbox"/> <b>Triple Antibiotic Ointment</b><br>(Bacitracin Zinc 400; Neomycin Sulfate 5mg) | <input type="checkbox"/> <b>Sting Relief Insect Bite Antiseptic &amp; Pain Reliever</b><br>(Ethyl Alcohol 50%/Lidocaine HCl 2%) |
|   | <input type="checkbox"/> <b>Anti-Itch Cream</b> - itchy insect bites (1% Hydrocortisone)  |

Specific Instructions (if any): \_\_\_\_\_

**SUNSCREEN/LOTION** – I authorize the staff of Pasadena Christian Preschool to apply sunscreen to my child if deemed advisable or appropriate or according to my specific written instructions below.

- |  |  |
|--|--|
| <input type="checkbox"/> School Issued Sunscreen ( <i>Banana Boat 50+</i> )                      | <input type="checkbox"/> Parent Issued Sunscreen |
| <input type="checkbox"/> School Issued Lotion ( <i>Aveeno Daily Moisturizing</i> )               | <input type="checkbox"/> Parent Issued Lotion    |
| <input type="checkbox"/> I do <b>NOT</b> authorize the school to administer sunscreen or lotion. |  |

Specific Instructions (if any): \_\_\_\_\_

**DIAPERING** – I authorize the staff of Pasadena Christian Preschool to apply the following ointments if deemed appropriate/necessary by the attending staff member, and/or per my written instructions.

- |  |  |
|--|--|
| <input type="checkbox"/> School Issued Diaper Rash Cream | <input type="checkbox"/> Parent Issued Diaper Rash Cream |
| Specific Instructions (if any): _____                    | <input type="checkbox"/> Not Applicable                  |

If your child requires any other non-prescription or prescription medication, please complete an Administration of Non-Prescription Medication Form or Administration of Prescription Medication Form available through the preschool office.

I request that the school assist my child in taking/applying the above referenced medication.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_