



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

2026 CAMP THEME: Surfs Up!

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)



2026 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 15th. Placement is based on program availability, and registrations will be processed in the order 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 15th).

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 \$50 fee will be charged to your account for each subsequent change.

RETURNED CHECKS

A \$50 fee 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.****

2026 PRESCHOOL FUN IN THE SUN REGISTRATION FORM

Student Name _____ Birthdate _____ Gender M / F

Fall 2026: ☐ 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 8th – July 2nd, 2026

**No Camp Fri., July 3rd*

<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 7th – July 30th, 2026

**No Camp Mon., July 6th; the last day of camp is Thurs., July 30th*

<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)	\$ 1050	<input type="checkbox"/> 3 Mornings (M/W/F)	\$ 632
<input type="checkbox"/> 5 Full Days (M-F)	\$ 1890	<input type="checkbox"/> 5 Mornings (M-F)	\$ 1137

HALF-SESSION OPTIONS: 5 days per week only

Weeks 1 & 2 June 8 th -12 th & 15 th -19 th	<input type="checkbox"/> Full Days	\$ 1050	<input type="checkbox"/> Mornings	\$ 630
Weeks 3 & 4 June 22 nd -26 th & 29 th -July 2 nd	<input type="checkbox"/> Full Days	\$ 945	<input type="checkbox"/> Mornings	\$ 570
Weeks 5 & 6 July 7 th -10 th & 13 th -17 th	<input type="checkbox"/> Full Days	\$ 1050	<input type="checkbox"/> Mornings	\$ 630
Weeks 7 & 8 July 20 th -24 th & 27 th -30 th	<input type="checkbox"/> Full Days	\$ 945	<input type="checkbox"/> Mornings	\$ 570

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

GRAND TOTAL _____

2026 PRESCHOOL FUN IN THE SUN REGISTRATION FORM

Student Name _____

PLEASE SELECT A PAYMENT OPTION:

Returning & Newly Enrolled PCS Students with a 2026-2027 PCS FACTS Tuition Account

By March 15, 2026:

- ☐ 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, 2026:

- ☐ 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.

Non-Returning PCS Students with an existing 2025-2026 FACTS Tuition Account:

By March 15, 2026:

- ☐ 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, 2026:

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

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

- ☐ Payment due in full by check or money order (+\$50 processing fee after April 15, 2026)

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, 2026.

Signature of Primary Payor

Date



2026 Pasadena Christian Summer Program Emergency/Disaster/Photo Release Form

This Emergency Form accompanies paramedics in emergencies and assists staff during medical assistance.

Grade/Age (2026-2027): _____ School in 2026-2027: _____

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"/> Uses EpiPen |
| <input type="checkbox"/> Uses nebulizer | <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Contacts/glasses |
| <input type="checkbox"/> Uses inhaler | <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 of 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 2026 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 two optional field trips will be 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 event of an accident.

If the 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 8th – July 30th, 2026



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"/> Antiseptic Towelette (Benzylkonium Chloride) |
| <input type="checkbox"/> Triple Antibiotic Ointment
(Bacitracin Zinc 400; Neomycin Sulfate 5mg) | <input type="checkbox"/> Sting Relief Insect Bite Antiseptic & Pain Reliever
(Ethyl Alcohol 50%/Lidocaine HCl 2%) |
| | <input type="checkbox"/> Anti-Itch Cream - 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 NOT 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: _____