**South Church Preschool**

**southchurchpreschool.org**

**P.O. Box 187**

**South Glastonbury, CT  06073**

**860-430-6734**

**Special Events Form**

**2023-2024 School Year**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Dear Parents,

Every year we collect a one-time fee for special events throughout the year. This fee is used for the following:

~ All school social events

~ All educational school visitors

~ All graduation costs

Fees: s

~ 2 Day Session: $45.00 per student and $60.00 for twins

~ 3 Day Session: $60.00 per student and $75.00 for twins

~ 4 & 5 Day Sessions: $60.00 per student and $90.00 for twins

~ **Please make check payable to: South Church Preschool**

**\*** If any family has difficulty paying this fee please contact your Head Teacher \*

We thank you in advance for your cooperation.

**Please fill out and hand in the bottom half of this form with your fee on your child's scheduled school visit day.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Students Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My fee is attached, and I understand that this is a non-refundable fee.

**Parents Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_