



Carefree Christian Preschool

5025 E Carefree Hwy, Cave Creek, AZ 85331 Phone: 480-492-9615 Email: preschool@carefreechristianacademy.com

Summer Program

Participation Form

M-F
9:00-2:00

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9:00-2:00

Sign and return this form to the office.

Complete one form for each child participating in the summer program.

Select the weekly session(s) your child will be participating in below. Your child's spot will be reserved once full payment for each session is received.

JUNE

JULY

<input type="checkbox"/> Summer Week 1 Construction Craze (06/02/25-06/06/25) \$150	<input type="checkbox"/> Summer Week 3 Church VBS (07/07/25-07/11/25) \$50
<input type="checkbox"/> Summer Week 2 Airborne Adventure (06/16/25-06/20/25) \$150	<input type="checkbox"/> Summer Week 4 Prehistoric Pals (07/21/25-07/25/25) \$150

My student _____ (entering ☐p3 ☐p4 ☐K ☐1) has permission to attend Carefree Christian Preschool Summer Program for the sessions indicated above.

I/We understand and agree that Carefree Christian Preschool is a private evangelical Christian preschool where enrollment is a privilege and not a right. I/We certify by signature below that I/we understand the general rules and regulations published in the "Parent Handbook", which will remain enforced for the summer program. I/We further understand that the rules and regulations are subject to revision by the school at any time, and that each student/family is expected to be familiar with current school rules. I/We agree to abide by the rules and regulations. In the role as parent and/or guardian, I/we promise to enforce these rules. I/We understand and agree that violations of any Carefree Christian Preschool rules and regulations will be dealt with by the administration and may result in expulsion from the Carefree Christian Preschool summer program. In addition, I/we agree to accept full responsibility for all obligations that may result from injury incurred by or to my student as a result of participation in any school sponsored activity, including the summer program. If I/we cannot be contacted in an emergency, call the physician listed on the required Emergency, Information, and Immunization form and follow his/her instructions. If the school cannot contact anyone listed, the school is authorized to act in whatever manner is deemed appropriate by school personnel.

Amount Enclosed \$ _____ (please make checks payable to Carefree Christian Preschool) or

Amount Paid Through Brightwheel Billing \$ _____.

Parent Signature: _____ Date: _____

Please return this form and payment to the preschool office by Friday, May 16, 2025

Carefree Christian Preschool partners with families to provide excellence in Christ-centered academics by preparing students to live God- honoring lives.