

TPS Summer Friends 2026

Dear Parents,

Our summer program at Temple Preschool has been very popular. It will be offered Mondays, Tuesdays, Wednesdays, and Thursdays for 2 different summer sessions as long as there is enough interest from our preschool families. Heather Nees will be in charge of the program with help from other teachers and aides.

Session I: 4 weeks / Monday, June 1st – Thursday, June 25th
Session II: 4 weeks / Monday, July 6th – Thursday, July 30th
9:00 a.m. – 12:30 p.m.

The sessions will run from 9:00 a.m. to 12:30 p.m. (note: this is one hour longer than our morning classes offered during the school year). This program will be for children who are 2-5 years of age AND are enrolled at Temple Preschool for the fall (we will include our graduating 4-year-olds who are going to kindergarten in the fall).

This will not be a structured, academic class; however, it will be a fun, social, well supervised time! Some activities may include stories, crafts, playground time, bubbles, music, etc. We have weekly themed activities and the kids have a lot of fun learning as we go along. There will be a snack early in the day and students should bring their packed lunch to enjoy later in the day.

Each child would need to be enrolled on a continuous basis for either Session I, Session II, or both. We will not be able to offer a drop-in / “pay as you go” option during the summer. You may choose 1, 2, 3 or 4 days per week. New students to Temple require at least 2 days a week to help them adjust to the new routine of school. One day isn’t enough to become acclimated. If your child is absent during a class time, you would still be responsible for payment. Tuition is due during the first week of each session. The tuition will be as follows:

Session Tuition

1 day / week = \$85 per 4-week session
2 day / week = \$160 per 4-week session
3 day / week = \$230 per 4-week session
4 day / week = \$295 per 4-week session

We are registering now on a first come – first serve basis. If you would like a spot for our Summer 2026 Program, please return the attached information sheet along with a \$10 non-refundable registration fee and \$5 snack fee per session (check made out to Temple Preschool). If you do both sessions the registration and snack fee is \$30 total.

If there are any questions please reach out. We hope this will be a great opportunity to provide time for “errand running in peace” as well as offering a set routine to those students who have a hard time with change (no school all summer and then preschool, suddenly, in the fall). It is also a great way to introduce new students to school with fewer kids and more play time.

We are excited about offering this opportunity. We hope it will be a success, again, this summer!

Temple Preschool

5301 S. U.S. Highway 41

Terre Haute, IN 47802

812-299-3336 – preschool@wearetemple.org

Summer Friends 2026 Registration Form

Please check the session desired. Also, list desired days of the week.

___ Session I (4 weeks /Monday, June 1st - Thursday, June 25th / \$10 registration fee & \$5 snack fee)

Session I: days desired: _____

___ Session II (4 weeks /Monday, July 6th - Thursday, July 30th / \$10 registration fee & \$5 snack fee)

Session II: days desired: _____

___ Both Sessions (8 weeks /Monday, June 1st - Thursday, July 30th / \$20 reg. fee and \$10 snack fee)
(No School the week of June 29th – July 2nd)

Both Sessions: days desired: _____

Child _____ (_____)
(Name child goes by)

Address _____ City _____ Zip _____

Date of Birth _____ Boy ___ Girl ___ Primary Phone _____

Parents _____

Parents' Occupations:

Father: _____ Mother: _____
(company name) (company name)

_____ (work phone) _____ (work phone)

Cell phone (Father) _____ Cell phone (Mother) _____

Parents are: married ___ separated ___ divorced ___ child lives with _____

Names and ages of siblings: _____

Primary Language spoken at home _____ Does student speak English? _____

Please list 2 names and phone numbers of persons who could be notified in case of emergency or illness if parents can't be reached. They maybe asked to pick up your child in an emergency, so please list persons you will allow to transport your child.

1. _____ (_____) Phone _____

2. _____ (_____) Phone _____
(relationship)

(over)

Doctor's Name: _____ Phone _____ We require all students to be up-to-date on immunizations according to CDC Guidelines. My child _____ is up-to-date. Signed _____ Date: _____
A copy of my child's records will be provided before the first day of school. No waivers.

Does your child have any physical condition(s), health problem(s), or allergies which could or would affect his/her participation that we should be aware of? If so, please describe:

Please list any information that will help us in planning a successful year for your child. This includes health limitations, fears, favorite activities, etc. _____

Parental Agreement with Temple Preschool

Should my child, _____, become ill or suffer an accident of any character while he/she is in the care of Temple Preschool, the Preschool shall attempt to contact me immediately. In the event the school is unable to reach me immediately, the Preschool and/or its designated employees shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred. I understand there are health risks to attending preschool. Communicable diseases including Covid-19 may be present in group settings. The preschool takes reasonable measures to protect students, but there is an understood risk parents are agreeing to take when registering their child.

Signed _____ Date _____

Note: Our TPS teachers and staff have received Basic First Aid and CPR training. We are concerned with the health and welfare of our students and strive to maintain standards of high quality safety and emergency care.

*Please initial if you agree with your child's photo being used within TPS _____ On Social Media w/o names _____

Do you currently have a church home and if so, where? _____
Children are a blessing here and we welcome your family to join us at Methodist Temple any Sunday.

Authorization for Pick-Up

Listed below are the people who are authorized to pick up my child. I understand that if one of those persons listed below picks up my child, I will not need to send a note to the preschool, but they will need my child's car tag. **If someone other than one of those listed below is to pick up my child, I understand I should inform the teacher.** Furthermore, if this person is not recognized by a Temple Preschool staff member(s) and doesn't have a car tag for my child they will be required to show photo identification. Thank you.

Persons authorized to pick up my child: Parents do not need to list themselves.

1. _____ / Ph. #s: _____

2. _____ / Ph. #s: _____

3. _____ / Ph. #s: _____

* Please list below and let us know if there is an extenuating circumstance and one parent or a certain person is **NOT** allowed to pick up your child.

Name of person NOT allowed to pick up your child: _____