

Helping Hands Christian Preschool

5050 Hiller Lane, Martinez, CA 94553 Ph#1-925-229-2975

Lic #070213854 hhcpmartinez.org

SUMMER SESSION 2025: HHCP serves ages 2 years through 1st grade entry during summer session, so even if your child has attended TK or K, they may attend either or both summer sessions at HHCP, as space allows. This year, we will offer two separate 4-week summer sessions. Children may attend one or both. Availability of days dependent upon enrollment and staffing.

- Session 1: June 2-26 (four weeks); Mondays, Tuesdays, Wednesdays, and/or Thursdays;
Theme: CREATION
- Session 2: July 7-31 (four weeks); Mondays, Tuesdays, Wednesdays, and/or Thursdays;
Theme: RHYMES

When signing a child up for Summer Session, the full deposit will be required for each child by May 1. The deposit is the first installment of your child's summer tuition. The remaining balance is due on the child's first day of Summer Session and is late after the 15th of June/July. Late charges and two-week notices are in effect. The chart below lists the full tuition, and the installment amounts due. The 10% Sibling Discount will be taken off the balance due in June/July. There is not a separate registration fee for summer.

2's & 3's, room 17; 4's & 5's, room 10; class limit of twelve children per class each morning.

FORMS NEEDED BEFORE ENTRANCE (available in May under downloads at hhcpmartinez.org):

Admission Agreement (annual)

Consent for Medical Treatment LIC627

Identification & Emergency Information LIC700

Immunization Record

Parent's Rights LIC995

Personal Rights LIC613A

Physician's Report LIC701

Pre-admission Health History LIC702

NEEDED FIRST DAY OF PRESCHOOL:

Emergency Kit (info & contact sheet under downloads)

Complete change of clothing (shirt, pants, socks, underwear); 2 sets + shoes for those potty training

Diapers (unless fully potty trained)

☐ **4-Week SUMMER SESSION 1: Monday, June 2, through Thursday, June 26, 2025**

(contingent upon enrollment). Theme: CREATION Ages: 2-6 years (OK to have completed TK/K).

Please circle desired schedule of attendance for 4-week SUMMER SESSION 1:

1st choice : Mondays Tuesdays Wednesdays Thursdays

2nd choice: Mondays Tuesdays Wednesdays Thursdays

Days/Week	Total Fee for full 4-wk session	Sibling Discount 10% off for 2 nd child	Summer Deposit *Due by 5/1	Summer Balance *Due by 6/15
4	\$640.00	(64.00)	\$200.00	\$440.00
3	\$480.00	(48.00)	\$150.00	\$330.00
2	\$320.00	(32.00)	\$100.00	\$220.00
1	\$160.00	(16.00)	\$50.00	\$110.00

Child's Name: _____

***Only need to fill out this part if your child does not already have a file or if there are changes not yet on file:*

Birth Date: ____/____/____ Gender: ____ Phone: (____)____-____

Parents' Names: _____

Street Address: _____

City & ZIP Code: _____

Email: _____

Referred by: _____

OFFICE USE ONLY:		DATE REC'D ____/____/____	BY _____	# _____
Summer Deposit	Cash/Check # _____	Amount Paid _____	Signed _____	
Balance	Cash/Check # _____	Amount Paid _____	Signed _____	

☐ **4-Week SUMMER SESSION 2: Monday, July 7, through Thursday, July 31, 2025**
 (contingent upon enrollment). Theme: RHYMES Ages: 2-6 years (OK to have completed TK/K).

Please circle desired schedule of attendance for 4-week SUMMER SESSION 2:

1st choice : Mondays Tuesdays Wednesdays Thursdays

2nd choice: Mondays Tuesdays Wednesdays Thursdays

Days/Week	Total Fee for full 4-wk session	Sibling Discount 10% off for 2 nd child	Summer Deposit *Due by 5/1	Summer Balance *Due by 7/15
4	\$640.00	(64.00)	\$200.00	\$440.00
3	\$480.00	(48.00)	\$150.00	\$330.00
2	\$320.00	(32.00)	\$100.00	\$220.00
1	\$160.00	(16.00)	\$50.00	\$110.00

Child's Name: _____

***Only need to fill out this part if your child does not already have a file or if there are changes not yet on file:*

Birth Date: ____/____/____ Gender: ____ Phone: (____) ____ - ____

Parents' Names: _____

Street Address: _____

City & ZIP Code: _____

Email: _____

Referred by: _____

OFFICE USE ONLY:	DATE REC'D ____/____/____	BY _____	# _____
Summer Deposit	Cash/Check # _____	Amount Paid _____	Signed _____
Balance	Cash/Check # _____	Amount Paid _____	Signed _____