



PRE-KINDERGARTEN

Ages 3-4

2024-2025



Three Year Old Children

8:15-12:15

**Stay for lunch if you'd like.
(pick up 12:45 PM)**

Five Days a Week \$500 a month
*Playing and Learning Down by the Sea
Is so much fun now that I'm THREE!*

**Lead Teacher,
Mellany Lewis*



Four Year Old Children

8:15-12:15

**Stay for lunch if you'd like.
(pick up 12:45 PM)**

Five Days a Week \$500 a month.

Now that you're FOUR
We learn even MORE!

**Lead Teacher,
Tina Daniels*

SEA and PLAY

**Monday -Friday
1:00PM-4:00PM**

A Museum of Afternoon Fun and Hands on Learning!

**Sea and Play PreK
Students:**

**Join the Sea and Play
Afternoon Fun 1PM-4PM
Any or all day(s)
\$200 per Month**

**Sea and Play
PreK Students:**

**Join the Sea and Play
Afternoon Fun 1PM-4PM
You Choose the Days!
\$20 Per Afternoon**

BE OUR GUEST!

**Join the Sea and Play
Afternoon Fun 1PM-4PM
You Choose the Days!
\$25 Per Afternoon**



PRE-KINDERGARTEN

Ages 3-4

Registration

Child's Name: _____ M ___ F ___

Age: _____ Birthdate: _____

Parent Contact: _____

Mailing Address: _____

Phone: _____

Email: _____

Allergies: _____

Physical Disabilities that we would need to be aware of:

MUST BE POTTY TRAINED!

A \$200 NON-REFUNDABLE Registration Fee is Required at the time of enrollment.

I have read the fees listed. If accepted into the program, I understand that the registration fee is non-refundable, and must be paid in order to hold my position in the program.



Museum of Play
Ages 3-6
Registration

Child's Name: _____ M _____ F _____

Age: _____ Birthdate: _____

Parent Contact: _____

Mailing Address: _____

Phone: _____

Email: _____

Allergies: _____

Physical Disabilities that we would need to be aware of:

MUST BE POTTY TRAINED!

_____ I would like for _____ to have a monthly membership to the afternoon museum of SEA and PLAY! I understand that I must be able to pick up my child as I am needed. With my monthly membership, I am able to attend any afternoon that that Sea and PLAY is open. Monthly Fee \$200

_____ I would like for _____ to have a drop in membership. I understand the fee for membership drop in is \$20 per afternoon.

_____ I am here as a guest!

Sign

Date



PreK

2024-2025

We'd like to get to Know You!

Student Name: _____ M ___ F ___ Grade _____

Contact (Mom): _____

Phone: # _____ Employment: _____

Email: _____

Contact (Dad) _____

Phone: # _____ Employment: _____

Email: _____

We want to get to know your child! Please share with us a brief summary of their personality. We would also like to know of any physical limitations and educational needs or concerns that you see, or that has been shared with you by a previous teacher and/or physician.

Continue on the back)

Parent Signature/Date