



**Come join us for fun this summer at Camp Pixie Village!**



Looking for campers between the ages of 3-5 years old.

Our amazing Certified Pre-K teachers have planned daily art activities, sensory play, music & movement, story, and playground fun.

Each week will have a different fun, engaging theme.

Campers, bring your water bottles please; Pixie Village will provide a daily snack.

**Where:** Pixie Village Preschool  
20 Milton Street  
Williamsville, NY 14221



**When:** July 8 – August 9, 2024 (5 weeks) Your child may attend 1-5 weeks.

**Time:** Monday – Friday 9:00am-12 noon

**Who:** Children who have turned 3, 4 or 5 years old before June 1, 2024, and are potty trained.

**Cost:** \$150.00 per week.

\*If your child will be attending for 1-4 weeks total tuition is due with application.

\*If your child will be attending all 5 weeks, a \$250 non-refundable deposit is due with application, deposit will be applied to total tuition. Remaining tuition (\$500) due by July 1<sup>st</sup>.

**Questions:** Email [info@pixievillagepreschool.com](mailto:info@pixievillagepreschool.com) or Phone 716-631-3330

\*Minimum of 10 campers are needed for Camp Pixie Village to take place.



Application for Summer Camp 2024

**Primary Email:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Nickname (if used)** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Age as of 6/2024** \_\_\_\_\_

**Primary Language spoken at home** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address (if different from child)**  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address (if different from child)**  
\_\_\_\_\_  
\_\_\_\_\_

Please circle which week(s) you would like your child to attend.

Tuition/non-refundable deposit is due with this application.

Week 1 July 8-12

Week 2 July 15-19

Week 3 July 22-26

Week 4 July 29-August 2

Week 5 August 5-9

Parent/Guardian Signature

Date

Office Use Only	
Date _____	Application _____
Amount Pd. _____	Release _____
Med. Auth. _____	Health _____