



Registration Request 2025/26 Preschool Camps

- ☐ Winter Camp ☐ No programs in session
☐ Spring Vacation ☐ Spring / Summer Registration

Child's Name

Primary Caregiver's Name

Email

☐ Sibling form completed. Siblings name: _____

Please tick to confirm:

- ☐ My child has not yet attended school
☐ My child has a PerfectMind account
☐ I have successfully logged in to my account
☐ I have a valid credit card attached to my account
☐ I authorize Village of Pemberton to process payment with my card on file ending in the following four digits _____.
☐ payment plan
☐ pay in full

Refund Policy

Full refund issued if provided more than seven days notice. Refunds will be applied to next scheduled payment or as an account credit.

Complete this form digitally or by manually highlighting your desired dates.

DECEMBER

S	M	T	W	T	F	S
21	22	23	24	25	26	27
28	29	30	31			

JANUARY

	M	T	W	T	F	S
				1	2	3

MARCH

	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Notes