

Summer Camp Preschool

Indicate the weeks your child will attend by checking the boxes below.
Registration Fee: \$20 (NON-REFUNDABLE) Cost: \$95 per week.
Please see attached form for descriptions of the themes for each week.

- | | |
|----------------|---|
| June 7-11 | Under the Big Top Week <input type="checkbox"/> |
| June 14-18 | Imagination Week <input type="checkbox"/> |
| June 21-25 | Spectacular Sports Week <input type="checkbox"/> |
| June 28-July 2 | Kid's Kitchen Week <input type="checkbox"/> |
| July 5-9 | Space Exploration Week <input type="checkbox"/> |
| July 12-16 | Animal Antics Week <input type="checkbox"/> |
| July 19-23 | Wild West/ Camp Wilderness Week <input type="checkbox"/> |
| July 26-30 | Creative Campers Week <input type="checkbox"/> |
| August 2-6 | Science and Nature Adventures Week <input type="checkbox"/> |
| August 9-13 | Everyday Heroes Week <input type="checkbox"/> |
| August 16-20 | Music Makers Week <input type="checkbox"/> |
| August 23-27 | Surf's Up/Hawaiian Hullabaloo Week <input type="checkbox"/> |

**Camp is from 9am- 2pm
Monday thru Friday.
Please send camper with
a snack and lunch daily.**

Students are accepted on a first-come, first-serve basis. Your registration fee enrolls your child in the program. **June 2nd** is the cut-off date for any changes to the weeks your child will be attending camp. After this date you may still register for additional weeks if there is space available in the camp. If for any reason other than major illness, you wish to withdrawal your child for a week, payment is still required for that week. Enrolling your child secures their space in the program, however, payment is required for each week of camp to guarantee your child's space for the duration of the summer whether your child is present or absent.

Child's Name _____ Birth date/ Age _____

Child's Allergies _____

Special Needs _____

Mother/Legal Guardian _____ Home Phone _____

Email Address _____ Cell Phone _____

Address _____

Employer _____ Work Phone _____

Father/Legal Guardian _____ Address if different _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Referral Source _____

Release Information

Please list the names of the individuals to whom your child may be released to other than parents.

(1) _____ (2) _____

(3) _____ (4) _____

POLICY AND PROCEDURES ACKNOWLEDGEMENT 2010

I, the undersigned parent or guardian of _____,
(Child's full name)

do hereby state that I have received and read a copy of the Grace Church Summer Camp's Policy and Procedures. I state that I am in agreement with this policy and support the staff of Grace Church Summer Camp in their enforcement of this policy.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____



