

Preschool Summer Camp 2018

4's & 5's (Must be 4 years of age by January 2018)



Registration Form

Rise & Shine Preschool's Summer Camp offers families a safe and fantastic environment where your kids can learn and play. Our program features:

- Low student to teacher ratio
- Fun summer theme every week
- Fun crafts and delicious snacks every day!

Week 1: June 18th – 22nd Theme: *Start your engines!* Onsite fieldtrip: **Dizzy Bus**

Week 3: July 9th – 13th Theme: The *Hungry Caterpillar* Onsite fieldtrip: **Bug Safari**

- Onsite fieldtrip and cooking once a week
- Weekly (5 day) enrollment from 9:15am-12:45pm

Week 2: June 25th – 29th Theme: The *Animal Kingdom* Onsite fieldtrip: **Animal Encounters**

Week 4: July 16th – 20th Theme: *Looney* Onsite fieldtrip: **Daffy Dave Show**

Payment Information:

Summer Camp is one 5-day class, per week, available on a first come, first serve basis. There is a one-time fee of \$25 due with registration. There are no refunds for summer camp tuition or fees paid. Credit card payments will be assessed a 4% processing fee (\$26 registration and \$182 weekly tuition). Tuition must be paid in full by June 8th.

\$25 Registration fee (due with registration form)\$175 Weekly fee

 Registration Fee
 \$25
 Paid by _____ Date _____

Please check the week(s) your child will attend

Week 1 Week 2 Week 3	Week 4 All Four	Weeks
Total Tuition: \$ Paid by	Check#	Date
Child's Name	Birthday	Boy or Girl
Parent's Names (Dad)	(Mom) _	
Address		
City		Zip
Phone Numbers (Dad)	(Mom)	
Email(s)		

Please Complete Reverse Side

Emergency/Contact Information 2018

Child's Name	Date of Birth		
		Mother's Phone	
Allergies			
Doctor's Name	Phone		
Permission for medical tre	atment: I,	, the parent or	
	sion that my child, 1de first aid and CPR by a qualified sta		
treated by aid car personnel, treatment. In the event that I medical, surgical, and hospita child by a licensed physician advisable by the physician to consent for such treatment. I responsibility for payment of	permission for my child to be transpo and/or transported to an emergency cannot be contacted I further author al care, treatment, and procedures to I or hospital when deemed immediatel safeguard my child's health. I waive realize that the school and church with medical fees or expenses incurred.	center/hospital for rize and consent to the be performed for my ly necessary or my right to informed ill not assume	
Signed	Date		
Emerger	ncy Contacts if Parents are unavaila	able	
Name	Phone		
Relationship			
	Phone		
Relationship			
	Phone		
Relationship			

PARENT PERMISSION AND WAIVER FORM FOR FIELD TRIP

I/We, the parents/guardians of the student named below, understand the nature of the field trip planned for All Saints Lutheran Church on (Date) _____

PERMISSION

We grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

WAIVER

We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless All Saints Lutheran Church, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense, (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of ASL, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars.

Student Name (Please Print):				
Parent or Guardian Signature:		Date:		
Home Phone:	Work Phone:	Cell Phone:		

Rise & Shine Summer Camp Information

- Doors open at 9:00am and Pickup is 12:45pm
- Pick up ends at 1:00pm. Picking up past 1:00pm will be assessed a late fee.
- Typical Daily Schedule:
 - o 9:00-10:00 Opening/Open play (possibly outside)
 - 10:00-10:15 Morning meeting
 - 10:15-10:45 Bathroom and snack
 - 10:45-12:00 Organized activities, games, crafts, outdoor time (Wednesday is fieldtrip and Thursday is cooking)
 - 12:00-12:30 Bathroom and lunch
 - o 12:30-12:45 Free play until dismissal
- Snack is provided. A schedule of snacks will be posted on the bulletin board.
- Please send your child with a lunch. We do not heat or cook lunch items, so please send a lunch that is ready to eat.
- Please apply sunscreen, if weather permits, before camp.
- Please dress your child in appropriate clothing for activities and weather (i.e. tennis shoes, jackets, etc.).
- Your child is required to be signed in and out
- Any other questions please call or email me

Sincerely,

Paix Irigon Preschool Director (425) 691-8325 preschool@allsaints-lcms.com