



Calvary United Methodist PreSchool

Summer Camp 2018

Open to ALL children that have completed three year old Pre k through children that have completed kindergarten. (3 ½-6)

\$110/week, \$100 for 3+ weeks

Registration Open Now!



Week 1	Superheroes Week- choose your Favorite Hero, train, dress and act like them!	7/9-7/13
Week 2	Hawaiian Hullabaloo- an island getaway complete with grass skirts, Hawaiian shirts and leis!	7/16-7/20
Week 3	Around the World in 5 Days- sample different countries food, music, crafts, games, even a few phrases!	7/23-7/27
Week 4	Goin' Green- learn about ways to keep the earth healthy, and get out and do some things to help and enjoy Mother Earth!	7/30-8/3
Week 5	Lego Adventure- come dump the Legos out on our floors! Make some new projects we have designed or just use your imagination with your friends.	8/6-8/10
Week 6	Hollywood Movies- become a star, walk the hall of fame, find out about some new movie stars, and enjoy the one's you know, princesses included☺	8/13-8/17

9am-12pm

Please email us at lathamcalvaryprek@gmail.com

Call 785-5142 or visit our website, for more info



Calvary United Methodist Preschool

Summer Camp 2018

Today's Date: _____

Please choose the week(s) you are registering for: one week is \$110, \$100 for 3 or more weeks!

Week 1	Superhero Week	7/9-7/13	___
Week 2	Hawaiian Hullabaloo	7/16-7/20	___
Week 3	Around the World in 5 Days	7/23-7/27	___
Week 4	Goin' Green	7/30-8/3	___
Week 5	Lego Adventure	8/6-8/10	___
Week 6	Hollywood Movies	8/13-8/17	___

Themes will be determined ASAP

Child's Full Name _____ Date of Birth _____
 Name child prefers to be called _____ Male/Female _____
 Address _____

Mother's Name _____
 Address(if different from child's) _____
 Occupation _____ Home Phone _____
 Employed by _____ Office Phone _____
 Work Address _____ Work Hours _____
 E-mail address _____ Cell Phone _____
 Marital Status Married Divorced Separated Widowed Single Other (circle one)

Father's Name _____
 Address(if different from child's) _____
 Occupation _____ Home Phone _____
 Employed by _____ Office Phone _____
 Work Address _____ Work Hours _____
 E-mail address _____ Cell Phone _____
 Marital Status Married Divorced Separated Widowed Single Other (circle one)

Please indicate any allergies your child has _____
 Please indicate any medication your child is taking _____
 Please indicate any custody arrangements we need to know about if your child does not live in the same home with both parents _____

Please indicate any information you feel would be helpful to us in caring for your child (i.e.; divorce, recent trauma, special needs, recent move, etc.) Use back if necessary. _____

Emergency Contacts

Name	Relationship to Child	Best Number to Call
------	-----------------------	---------------------

Preferred Hospital _____

Primary Care Doctor _____ Phone# _____

Insurance Carrier _____ Policy # _____ Phone# _____

REMINDER –FULL PAYMENT IS DUE WITH THIS REGISTRATION IN ORDER TO HOLD YOUR SPOT FOR EACH WEEK

Registration mailed _____

Fee Received _____

Registration received on _____

Check # _____