

Calvary United Methodist Preschool

Virtual Summer Camp &

Take Home Kits

2020

Open to ALL children that have completed a three year old program, up through children that have completed kindergarten. (4-6)

\$50/week + \$20 for optional math/literacy packet

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|--------|--|-----------|
| Week 1 | Drawing and Watercolor- Do you have a budding artist on your hands? This week we will do 5 different directed drawings with your kids. Each one will show your child's individuality! | 7/6-7/10 |
| Week 2 | I Scream, You Scream We all LOVE Ice Cream- There are lots of ways to show our love for ice cream! We can't wait to share some with you! | 7/13-7/17 |
| Week 3 | Around the World in 5 Days- Every day we will visit a new country and learn about the food, dress, language and special customs. | 7/20-7/24 |
| Week 4 | Fairy Tales with a Twist- STEM is the new magic! We will combine the new with the old, capturing everyone's interest with entertaining stories brought to life with STEM activities. | 7/27-7/31 |
| Week 5 | Surprise Theme!- We will let you know what the theme is when we drop off your kit this week... could it be baking? Woodland walks? Or maybe a book club? | 8/3-8/7 |
| Week 6 | Hollywood Movies- Drama queens and movie buffs? This camp is for those kids who want to be introduced to some new (old) movies, practice some acting drills and be stars for a week! | 8/10-8/14 |

Don't forget, if your child missed that individual teacher/student interaction, or needs to keep their academics tuned in, we have Ms. Megan on staff to do virtual tutoring. See her information on the tutoring flyer, or email her at mplanz@mcsalbany.org

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REGISTRATION FORM

Registration due by June 12th

Today's Date: _____

Please choose the week(s) you are registering for: one week is \$50

Week 1 Drawing and Watercolor _____
Week 2 Ice Cream _____
Week 3 Around the World in 5 Days _____
Week 4 Fairy Tales with a Twist _____
Week 5 Surprise Theme _____
Week 6 Hollywood Movies _____

My child would benefit from summer academics : \$20/week x _____ weeks= _____ total

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