

Mt. Pisgah Weekday School's Summer Camp Program

Summer camp is offered for children who will be 2 years old - rising Kindergarteners as of July 1, 2016. Each week, activities will focus on a different theme and you may choose to enroll in 1 week, 2 weeks, or 3 weeks.

Class days are Tuesday, Wednesday, and Thursday from 9 a.m. to 12 p.m.

Week 1: July 12, 13, & 14 – “3, 2, 1 BLAST OFF!”

Week 2: July 19, 20, & 21 – “It’s a Zoo!”

Week 3: July 26, 27, & 28 – “Ocean Commotion!”

Tuition per child: 1 Week (3 days) - \$70.00; 2 Weeks (6 days) - \$135.00; 3 Weeks (9 days) - \$195.00. Payment may be made at time of registration or by June 1st. (*MPWS families - Please do not include in monthly tuition payment check for our accounting purposes*)

****Deadline to register is June 1st.****

*****We reserve the right to cancel if classes are not filled.*****

1. Class placement will be based on the child's age and enrollment numbers. Enrollment is limited and is on a first come, first served basis.
2. Arrival time should not be prior to 8:55 am. Child should be taken to his or her room by parent. Please sign in with emergency phone number daily. Pick up time is promptly at 12:00 p.m.
3. Activities will be fun and flexible. We will spend a great deal of time outdoors with water play and creative art activities. Please dress your child in comfortable play clothes and tennis shoes (please no crocs or sandals) and apply sunscreen before coming to camp.
4. Each child needs to bring a snack, drink and a complete change of clothes.
5. You will receive an email confirming your child's placement in the Summer Camp Program and their teachers' names after June 15th.
6. You do not have to be enrolled at Mt. Pisgah, so please share information about our Summer Camp with your friends!

Mt. Pisgah Weekday School
Summer Camp Registration Form 2016

****One registration form per child. Class days are Tuesday, Wednesday, and Thursday from 9 a.m. to 12 p.m. **Deadline to register is June 1st.**

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Please circle which week(s) you would like to enroll:

Week 1: July 12, 13, & 14 – “3, 2, 1 BLAST OFF!”

Week 2: July 19, 20, & 21 – “It’s a Zoo!”

Week 3: July 26, 27, & 28 – “Ocean Commotion!”

Child’s Name: _____ Birthdate: _____

Parent Name: _____

Address: _____

City: _____ Zip: _____

Email Address: _____ Preferred Phone: _____

Allergies? Describe symptoms and remedy: _____

In case of emergency and parents cannot be reached, please call:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

The following individuals are authorized to pick up my child from Summer Camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

I agree that the Director or her designee may authorize the physician of her choice to provide emergency care in the event that parents, alternate contact or family physician cannot be contacted.

Parent Signature: _____ Date: _____

Office Use Only: Cash/Check#: _____ Date Paid: _____