

Summer Camps 2019



Dear Parents,

I'm excited to share information about our summer camps for 2, 3, 4, and 5 year olds.

Hours are 9:30 a.m. – 1:00 p.m.

Days are Monday thru Friday

Cost is **\$130** for one week. (receive a discount if you sign up for more than one).

Sign up for 2 - **\$120/wk.**

Sign up of 3 or 4 - **\$110wk.**

Siblings receive a **20% discount.**

Our themes are:

June 17 – 21 Sports Theme!

Children will enjoy indoor as well as outdoor games. A morning stretching routine and learn different ways to get our bodies moving.

July 8 – 12 All About Art!

Children will create wonderful masterpieces with a variety of fun materials!

July 22 – 26 Up In the Air!

Children will explore all kinds of things they find in the sky... clouds, birds, kites, the sun, etc.

August 5 – 9 Summer Time Fun!

We will talk about what fun summer activities we all enjoy! One day we will pretend we are taking a trip to the beach. The children will wear their swimsuits and we will have fun playing outside in the water (in tubs and water tables). Then we will picnic outside.

Feel free to share our Summer Camp information with friends.

Contact me with questions - 770.476.8716 or preschool@pleasanthillpc.org.

Gina Maguire

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Child's Name _____ Age _____

I would like to register my child for the following classes:

_____ Sports Theme!

_____ All About Art!

_____ Up In the Air!

_____ Summer Time Fun!

Please explain any allergies your child has. _____

I understand that the fees are non-refundable and are due with this form.

Parent Signature, Date and Email address



Dear Parents,

We are so excited about our Summer Camps and sharing them with your child. The teachers will plan fun filled days that all the children will enjoy.

Our Summer Camp hours are 9:30 – 1:00. Each child will need:

Handheld bag labeled with child's name

Lunch and drink labeled with child's name

Play clothes

Tennis shoes and socks

Sunscreen and bug spray applied *before* school

On the first day of camp we will use our carpool system ~

All cars will enter the church property using the main entrance on Pleasant Hill Road or by taking the first left into property from Park Bluff Lane. When you enter you will circle the long way around the parking lot. Continue until you approach the portico that is located in front of the Sanctuary. At 9:30 our teachers will begin unloading the children. All children must exit from the passenger's side of the car onto the sidewalk. We will use this same system at 1:00 when we load the children into their cars.

If you are new to our school, you need to complete an Application.

Children who are currently enrolled in our Preschool WILL NOT have to complete an Application.

On the first day of camp, please attach your child's name on the front of his/her shirt with a piece of masking tape or label. This way we will be able to greet your child by name.

Feel free to call or email with questions. I look forward to seeing you this summer!

Sincerely,
Gina Maguire

PLEASANT HILL PRESCHOOL

Application for Summer Enrollment

Child's Name _____ Birthdate _____
Mother's Name _____ Father's Name _____
Address _____
Street address _____ city _____ zip _____
Home Phone _____ (Include Area Code) Cell Phone _____
Email Address _____
Dad's Employer _____ Work Phone _____
Mom's Employer _____ Work Phone _____
Does child live with both parents? _____ If not, list person with whom child lives.

Name _____ address _____ phone _____

List siblings and their ages _____
Former preschool attendance? _____ Where and how long? _____
What church does your family attend? _____
Does your child have any physical conditions, allergies or limitations about which we should be advised? _____ Please describe _____
List any medication your child takes regularly and reason for use.

EMERGENCY NOTIFICATION LIST

Please list the names of two local friends or relatives who can be reached during Preschool hours in the event of an emergency or illness.

Name _____ address _____ phone _____ relationship to child _____

Name _____ address _____ phone _____ relationship to child _____

WAIVER OF LIABILITY

It is mutually understood that in the event of an accident or illness of the child while in the care of the Preschool, the staff shall use its best efforts to contact the parents. In the event the parent is not immediately available, however, the staff is authorized to secure such medical care as the situation may reasonably warrant.

It is agreed that where the school has acted in good faith to comply with an accident or illness to the child, any and all liability as might exist, is expressly waived by the parent.

Signature

Date

TRANSPORTATION INFORMATION

For the safety of your child, please list who will be transporting your child to and from Preschool. If this changes during the school day or year, please send a note to the teacher or call the Preschool office.

To: _____ Phone _____

_____ Phone _____

From: _____ Phone _____

_____ Phone _____

***** NO child will be released to any other person unless we are notified of the change in writing or by a phone call.**

AUTHORIZATION TO CONSENT FOR TREATMENT OF A MINOR CHILD

I, _____ of _____, _____, _____
Name city county state

do hereby state that I am the natural parent or legal guardian having legal custody of _____, who resides with me at _____,
Child's name address

_____, _____. I authorize my child's teacher or Gina Maguire,
home phone work phone

Director of the Pleasant Hill Preschool, Duluth, Ga., to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and advice of a physician or surgeon licensed to practice medicine in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent are unsuccessful. This authorization applies only during the hours and year my child is attending Pleasant Hill Preschool. If such a situation should arise, I understand medical care as the situation may reasonably warrant will be secured.

Signature of parent/guardian

Date

Child's Allergies, if any _____

Child's Doctor/Pediatrician, Address and Phone _____

Medication child takes regularly _____

Is child covered by medical insurance? _____ If yes, coverage is with _____
_____ and the policy number is _____