



2019 SUMMER ADVENTURES CAMP

CHILDREN AGES 3 – 6

MUST BE POTTY-TRAINED

JUNE 3 – JUNE 28

MONDAY THROUGH FRIDAY, 9:00 – 12:00

OPTIONAL LUNCH BUNCH 12:00 – 1:00

WEEKLY THEMES

Week 1 – Adventures with Eric Carle

Week 2 – Garden Adventures

Week 3 – Super Space Adventures

Week 4 – Seaside Adventures



Summer Camp at PMP will stimulate your child's natural curiosity about the world around them while cultivating a love of learning. Your child will make new friends while exploring different themes each week. Through hands-on activities your child will be encouraged to wonder, create and discover new and exciting topics. Activities will include sensory play, arts and crafts, cooking, literacy development, scientific exploration, dramatic play, music and movement!

LUNCH BUNCH offered each day, 12:00 – 1:00

Children bring a peanut/nut-free lunch from home and enjoy eating with their friends and teachers, followed by play-time!



**SUMMER CAMP AT PMP . . . WHERE EVERY DAY IS AN
ADVENTURE!**



2019 SUMMER ADVENTURES CAMP CHILDREN
 AGES 3 – 6
MUST BE POTTY-TRAINED
 JUNE 3 – JUNE 28
 MONDAY-FRIDAY, 9:00 – 12:00
 OPTIONAL LUNCH BUNCH, 12:00 – 1:00

PLEASE INDICATE WHICH WEEKS YOU WOULD LIKE YOUR CHILD TO ATTEND

A NON-REFUNDABLE \$25 DEPOSIT IS REQUIRED TO RESERVE EACH WEEK. This will be applied to your camp payment. **ALL BALANCES ARE DUE BY MAY 15, 2019.**

	CAMP 9:00 – 12:00	TUITION (INCLUDES \$25 DEPOSIT)
	WEEK 1- ADVENTURES WITH ERIC CARLE June 3, 5,6.7, 9:00 – 12:00. NO CAMP ON ELECTION DAY, 6/4	\$180
	WEEK 2 – GARDEN ADVENTURES June 10 – 14, 9:00 – 12:00	\$225
	WEEK 3 – SUPER SPACE ADVENTURES JUNE 17 – 21, 9:00 – 12:00	\$225
	WEEK 4 – SEASIDE ADVENTURES JUNE 24 – 28, 9:00 – 12:00	\$225

	LUNCH BUNCH (optional) 12:00 – 1:00 Please indicate which days your child will be staying. You will need to provide a nut/peanut- free lunch.	TUITION \$12 per day
	WEEK 1- June 3, 5,6.7 ___M ___W ___TH. ___F NO CAMP ON ELECTION DAY, 6/4	
	WEEK 2 –June 10 – 14, 9:00 – 12:00 ___M ___T ___W ___TH ___F	
	WEEK 3 –June 17 – 21 ___M ___T ___W ___TH ___F	
	WEEK 4 – June 24 – 28, 9:00 – 12:00 ___M ___T ___W ___TH ___F	

***Please note that tuition will not be credited for days missed.**

**** A copy of your child’s immunization records must be submitted prior to the start of camp, if we do not already have them on file.**

*****A doctor’s note must accompany an EPI-pen.**

PLEASE COMPLETE BOTH PAGES

Child's Name: _____ Birthdate: _____ Home Phone: _____

Address: _____

Mother/Guardian's Name _____

Cell Phone: _____ Business Phone: _____

Father/Guardian's Name _____

Cell Phone: _____ Business Phone: _____

Allergies/Dietary Restrictions: _____

Individuals Authorized to Pick Up Child: _____

EMERGENCY PHONE NUMBERS In case of an emergency, if parents are unable to pick up their child. We give permission to the following people: (Be sure to include someone who is local and will usually know your whereabouts.)

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____ Name: _____

_____ Phone: _____ Relationship: _____

Address: _____

PLEASE NOTE: Under no circumstances will your child be released to anyone not known to the school without authorization from you.

EMERGENCY MEDICAL TREATMENT FORM

I hereby grant permission to Princeton Meadow Preschool to obtain medical and or dental care for my child _____ in the event he/she becomes ill or injured while at school or on a class trip. In the event of a serious illness/injury, PMP staff will contact 911 or the nearest emergency care for transportation to the nearest medical facility necessary for the injury and chosen by the emergency responders. Staff will then contact the child's parents and physician. Should the parent not be available, the person(s) named on the emergency information card will be called.

Child's Physician's Name: _____ Physician's phone number: _____

Child's Dentist's Name: _____ Dentist's Phone number: _____

Insurance Carrier: _____ Policy Number: _____

Name of Insured: _____

Signature of Parent/Guardian _____ Date: _____

_____ I give PRINCETON MEADOW PRESCHOOL permission to use my child's photograph in their promotional materials (brochure, newspaper, and internet). I understand that my child's name will not be used in any of the advertisement. If I ever wish to have a photo removed, I understand my request would be immediately granted.

Parent's signature _____ Date _____

_____ I DO NOT give PRINCETON MEADOW PRESCHOOL permission to use my child's photograph in their promotional materials (brochures, newspapers, internet, etc.)

Parent's signature _____ Date _____