Forest Hill Christian Preschool



June 5th through August 18, 2017. Monday through Friday

2, 3, and 5 day programs 9 a.m.-1:00 p.m.

- Session #1. June 5-June 30. (4 weeks)
- Session #2. July 10-August 18. (6 weeks)

These dates don't work with your family plans this summer? No problem! Pick any 4 or 6 weeks and still receive the discounted rates. Add extra weeks as needed at the weekly rate. The registration fee and a 35% deposit of total tuition are due at the time of sign-up and are non-refundable. Tuition balances are due on the first day the child attends camp.

Weekly Rate 5 Day Monday-Friday \$70 3 Day Monday, Wednesday, Friday \$60 2 Day Tuesday, Thursday \$50

<u>4 Week Rate</u> 5 Day Monday-Friday \$250 3 Day Monday, Wednesday, Friday \$220 2 Day Tuesday, Thursday \$180 <u>6 Week Rate</u> 5 Day Monday-Friday \$390 3 Day Monday, Wednesday, Friday \$330 2 Day Tuesday, Thursday \$270



Session #1

June 5th-June 9th: Camp WannaBe....Just WannaBe Me! We believe that it is important to celebrate the unique individual that every child is. During this first week of camp we will discuss their favorite things, families, pets, likes/dislikes, and all of the factors that makes each child so special.

June 12th-June 16th: Camp WannaBe....Down On The Farm. Does your child have a green thumb? Love tractors? Animals? Then this is the week for them! Farming is an important part of our local North Carolina community and our kids never can learn too early what a special role farmers play in our lives.

June 19th-June 23rd: Camp WannaBe.... An Adventurer. Travel to the deepest jungles, the highest mountains, and sail the deep blue seas! The sky is the limit this week for our campers as they embark on adventures galore!

June 26th-June 30th: Camp Wanna Be..A Space Explorer. Sun, moon, stars, and don't forget rockets! In our final week of the session our little astronauts will explore the vastness of the universe

Session #2

July 10th-July 14th: Camp WannaBe.... A Superhero! This week we will discuss both imaginary and the real community heroes around us. Children will create their own special superhero too!

July 17th-July 21th: Camp WannaBe....A Scientist! Children are natural scientists and this week we are on a mission to spark their imagination and curiosity by providing them with fun, interactive and educational activities that instill a clear understanding of what science is, and how it affects their world.

July 24th-July 28th: Camp WannaBe....Out West! Giddy up cowpokes! Get your cowboys and girls ready to rustle up a lot of fun during our week in the Wild West!

July 31st –August 4th: Camp WannaBe.... A Rockstar! For the first time ever, we are thrilled to announce a whole week dedicated to music! We will make instruments, sing, and dance the week away.

August 7th – August 11th : Camp WannaBe....A World Traveler! The pyramids of Egypt? The Great Wall of China? Who knows what exotic locations our campers will venture to during this week focused on the all of the many wonderful cultures and peoples of our world.

August 7th –August 11th : Camp WannaBe....A Deep Sea Diver. What a better way to finish the summer than a week learning about the diverse creatures of the sea? This week will also include a water day to celebrate the end of our summer camp!

As always, we will incorporate a Chapel lesson and Bible story for our kids every week!

FHCP 2017 Camp WannaBe Policies and Procedures

Drop Off and Pick Up Procedures

Drop off will begin at promptly 8:55 a.m and end at 9:10 a.m.. Please walk your child to their classroom after using the restroom. Doors will open for pick-up at 1:00 p.m and end at 1:10 p.m. Please be sure to sign your child in and out each day. After 1:10 p.m. a late charge of \$1.00 per minute will apply for each minute.

Lunch Time

Each child should bring a lunch. Please label your child's lunch box. We are a peanut free facility so please do not send in any foods that contain peanut products.

Medication and Sunscreen Application

We will go outside each day, weather permitting. Please apply sunscreen to your child before dropping them off, we will re-apply with your consent as needed. Please provide sunscreen and/or bug spray for your child and any food/bite allergy medication on the first day of camp. The attached Bug Spray/Sunscreen Consent form must be signed in order for staff to apply sunscreen and/or bug spray. All medication and sunscreen must be clearly labeled with your child's name.

Sick Child Policy

Please be sure your child is well before bringing them to Summer Camp! If a child is at home with a communicable illness other than a routine cold, please alert the Center within 24 hours so that we can advise the other parents to look for symptoms. Such illness may include hand, foot, and mouth, strep throat, head lice, pink eye, chicken pox, flu-like symptoms, or a high fever. Any life threatening diseases must be reported immediately. In this situation, your child may not return to school without a note from the doctor stating that he/she is no longer contagious. When a child becomes ill at school, we will immediately notify the parent/caregiver and isolate the child until he/she is picked up. Parents and/or caregivers are requested to pick up sick children within one hour of being contacted.

Deposit and Payment

In order to secure a spot complete the enrollment packet and pay the tuition deposit and registration fee (both the deposit and registration fee are non-refundable). Registration is first come/first serve. Tuition balances are due the on the first day the child attends camp. Students with unpaid tuition will not be allowed to attend summer camp until tuition is paid in full.





	For Office Use Only	
Applica	ation Date	
Fee Pa	id	
Cash _	_Credit Check #	

Forest Hill Christian Preschool 2017 Summer Camp

Student's Name					
First	Last		Middle	Preferred Nam	e
Date of Birth	Age on 6	5/5/17	Male	_ Female	
Address		City		Zip Code	
Primary Phone	Р	rimary Email Ad	dress		
Father (Guardian) Name			Cell	Phone	
Address (if different from above)					
Employer					
Mother (Guardian) Name			Cel	l Phone	
Address (if different from above)					
Employer					
Parents Are (Circle One): Married	Separated	Divorced	Other:		
Child Lives With (Circle One): Father	Mother	Both Othe	r:		
as special likes/dislikes, fears, eating or					
		ncy Care Inform			
Name of child's doctor		Phon	e		
Name of child's dentist		Phone	e		
Hospital Preference			-		
If neither parent/guardian can be cont	acted, please ca	all:			
Name	Pł	none		-	
Relationship to child					
Name					
Relationship to child	()	Okay to pick up	I.		
I agree that the preschool may author family physician can be contacted imm		to provide emer	gency care i	n the event that neithe	er I nor the

Parent/Guardian Signature _____ Date _____



Name

- Step #1. Choose either our 2, 3, or 5 day program.
- **Step #2.** Choose which weeks your child will be attending or select Session 1 or Session 2 at the bottom of the page.

5 Days (M-F)	3 Days (M/W/F)	2 Days (T/Th)
5 Duys (101-1)	J Duys (101/ 00/11)	2 Duys(1711)

Week #	Dates	Attending?
#1. Wanna be Just Me	June 5-9	
#2. Down on the Farm	June 12-16	
#3. Adventurer	June 19-23	
#4. Space Explorer	June 26-30	
#5. Superhero	July 10-14	
#6. Scientist	July 17-21	
#7. Out West	July 24-28	
#8. Rockstar	July 31-Aug 4	
#9. World Traveler	August 7-11	
#10. Deep Sea Diver	August 14-18	

My	child will	be attending	Session 1, June 5-June 30 _	
My	child will	be attending	Session 1, July 10-August 1	8

Additional Consent Forms



Sunscreen Consent Form

Ι	, hereby authorize the staff at FHCP Summer Camp to apply	
sunscreen for my child	when necessary during the FHCP Summe	r
Camp program 2016. I w	ill provide and label sunscreen.	

Parent	/Guardian	Signature _
Date:		



Bug Spray Consent

Ι	, hereby authorize the st	aff at FHCP Summer Ca	mp to apply bug
spray for my child	W	when necessary during the	e FHCP Summer
Camp program 2016.	I will provide and label bug	g spray.	

Parent/Guardian Signature: _____ Date: _____

Allergy Information

Child's Name:	Child's Allergies (if any)
Child's Reaction	
Medical Response Necessary	
Child's Doctor	Telephone Number
Medicines child is taking:	
Ι	_, hereby authorize any physician member of CMC Northeast
and/or any member of the me	dical staff of the above-mentioned hospital to render medical
treatment, which in his/her jud	dgement may be deemed necessary in the care of
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Parent/Guardian Signature:	Date:
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