

Trinity Preschool

SUMMER CAMP

Papers to be completed before start of camp



&

**A
R
T
&
S
C
I
E
N
C
E
C
A
M
P**

Leap Into Summer Fun Workshop!

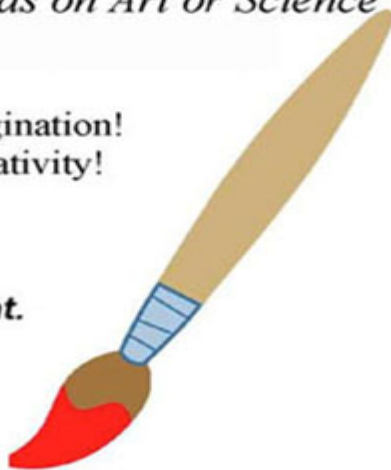
Process-oriented, Hands on Art or Science



Spark imagination!
Spark creativity!

Children can:

- *Make choices.*
- *Explore and experiment.*
- *Be spontaneous.*



SCIENCE CAMP:

*Tuesday, Wednesday, Thursday
June 4-6, 9:00 AM - 12 Noon*

ART CAMP:

*Tuesday, Wednesday, Thursday
June 11-13, 9:00 AM - 12 Noon*

COST: \$90 per week

**All students 3 years through entering kindergarten are welcome.
Based on minimum of 8 students**

Amt Enclosed

Session 1: June 4,5,6 – SCIENCE

Session 2: June 11,12,13 –ART

TOTAL

BASED ON MINIMUM OF 8 STUDENTS

Name of Student

Address

Phone Number

(next page)



TRINITY UCC PRESCHOOL

2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

EMERGENCY FORM

Child's Name _____ Child's Birthdate _____

Child's age as of September 1st _____

Parent(s)' Name(s) _____

Address _____

Phone Number _____ Cell Phone(s) _____

E-mail Address _____

Father's Occupation/ Place of employment _____

Type of work _____ Work Phone Number _____

Mother's Occupation/Place of employment _____

Type of work _____ Work Phone Number _____

The best person to be reached in an emergency _____

Telephone Number _____

Alternate Telephone Numbers

Name	Number	Relationship to Child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(next page)

Family Doctor _____

Address _____

Telephone Number _____

Allergies _____

Hospital Preference _____

Comments _____

Signed

Date

(next page)



Trinity UCC Preschool
2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

PERMISSION FORM

Child's name _____

I hereby grant permission for my child to use all of the play equipment, and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises, under the supervision of a staff member, for neighborhood walks or field trips, in an authorized vehicle. I will receive notification prior to each field trip, and I will provide an appropriate car safety seat for the trip or I will keep my child home the day of the field trip.

I hereby grant permission for my child to be photographed participating in school activities and for these photographs to be used for display, publicity, and school projects.

I hereby grant permission for the Director or teacher to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or emergency call number.
2. Attempt to contact the child's physician.
3. If we cannot contact you or the child's physician, we will do any or all of the following:
 - a) Call another physician;
 - b) Call an ambulance;
 - c) Have the child taken to the emergency room at the closest hospital, accompanied by a staff member.
4. Any expenses incurred, under #3 above, will be borne by the child's family.
(next page)
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

6. The school will not assume responsibility for a child who has not been properly walked to the classroom by the parent or carpool driver.

Parents name (printed)

Signed

Date