**Greystone Baptist Preschool**

**2017 Summer Program**

7509 Lead Mine Road

Raleigh, NC 27615

870-0040

**Registration begins on Monday March 13, 2017**

**Summer Camp is a FOUR DAY program, running Monday - Thursday**

Dates of Sessions:

June 12-15, June 19-22

June 26-29, July 17-20

July 24-27, July 31-Aug.3

**NON-REFUNDABLE DEPOSIT and TUITION**

1 week $145 total cost $15 deposit\*

2 weeks $250 total cost $30 deposit\*

3 weeks $330 total cost $45 deposit\*

4 weeks $435 total cost $60 deposit\*

5 weeks $525 total cost $75 deposit\*

6 weeks $600 total cost $90 deposit\*

**\*Deposit is non-refundable and due at time of registration.**

Week 1 – June 12 – June 15 **Ocean!**

We’re diving deep to learn about life in the ocean. There’s no end to the treasure we’ll discover as we learn about life under the sea.

Week 2 – June 19 – June 22 **Forests/Woodlands**

So many animals to track as we venture out into the forest! We’ll spend some time enjoying nature as we wander through the woods.

Week 3 – June 26 – June 29 **Space**

We’ll be turning our attention to the sun, the moon, the planets and stars – and maybe an alien or two – as we head into space for this fun week of camp.

Week 4 – July 17 – July 20 **Rain Forest**

July in North Carolina can feel like the steamy rainforest – so let’s learn about it! The plants, the animals and even the bugs are on our itinerary as we explore the jungle at camp this week.

Week 5 – July 24 – July 27 **Artic/Antarctic Adventure**

Baby, it’s COLD outside! After a week in the humid rain forest, nothing could feel better than to spend some time cooling off in the colder regions of our world. Which animals live on which ends of the earth?? Let’s find out!

Week 6 - July 31 – August 3 **Desert**

What is life like in the desert? How does a cactus grow in the sand with so little water? How do the animals survive in the heat? Where is the nearest oasis? So much to learn about life in the desert. Come join us!

Registration Information

Registration is open to children 2 – 5 years of age, as of 8/31/2017. Children in the 3-5 year old classes MUST be potty trained.

Your non-refundable deposit must be turned in with your registration form or your spot will not be reserved. If you are registering for fewer than six weeks, your summer tuition is due in full by May 21st. If you are registering for all six sessions, you may pay in two installments, the first due May 21st, the second due by June 15th. The entire week’s tuition must be paid even if your child does not attend the entire week.

Our summer program is offered based on a minimum enrollment. In any given week, if our minimum number of students is not enrolled, we will cancel that week and refund your money in full.

Summer program hours will be 9:10 – 1:00, Monday – Thursday. All children may be dropped off in carpool and picked up in our classrooms no later than 1:00. A late fee of $5/every five minutes will apply for students still in our classrooms at 1:05.

A Medical Emergency Release form must be on file in the preschool office in order for your child to attend. Please make sure we have your current phone number in case your child becomes sick and we need you to pick him up early. PLEASE do not send your child to camp sick.

We will provide a small snack each morning. **If your child has a food allergy, please plan to send in a separate snack for your child each day.** Your child should also bring a bag lunch, including a drink. Label everything you send in.

Children will be grouped by age. There will be weekly themes filled with activities to educate, stimulate and provide fun for each child. The children will have opportunities to join in music and movement activities, stories, art, crafts and much more.

Summer Camp Registration Form

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: (by 8/31/17) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special needs or allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the weeks you would like your child to attend:

\_\_\_ June 12-15 (Ocean) \_\_\_ June 19-22 (Forest/Woodlands)

\_\_\_ June 26-29 (Space) \_\_\_ July 17-20 (Rain Forest)

\_\_\_ July 24-27 (Arctic/Antarctic) \_\_\_ July 31- Aug 3 (Desert)

\_\_\_ I would like all six sessions

The parent agrees not to hold Greystone Baptist Church, the preschool program, staff or board responsible for any mishap or injury to the child incurred either in its buildings or on its grounds. The preschool does provide an accident insurance policy for school hours only. If your child should require immediate medical care, the parents agrees to reimburse the preschool for any costs.

I have read and agree to the attached policies and information.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Greystone Baptist Church Preschool

Authorization for Emergency Hospital or Medical/Dental Treatment

In case of emergency due to illness or accident, when it is thought advisable by the Greystone Baptist Church Preschool staff for my child to have immediate medical/dental attention, I hereby authorize Greystone Baptist Church staff to send my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) to the nearest hospital or medical/dental facility and to administer standard, approved first aid procedures until such time as prompt medical/dental care can be secured. I understand that every effort will be made to contact me immediately.

I agree to meet with the staff member at the hospital or medical/dental facility as soon as possible after being notified, or to come for my child when he/she is suspected to have a contagious disease or is too ill to remain at school. In the event I am not able to be contacted during an emergency, I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (emergency contact person’s name) to make any decisions necessary for the well-being of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature of Emergency Contact Person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (Phone)

Dentist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian Signature)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_