**Greystone Baptist Preschool**

**2019 Summer Program**

7509 Lead Mine Road

Raleigh, NC 27615

870-0040

**Registration begins on Friday March 1, 2019**

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

Dates of Sessions:

June 10-13, June 17-20

June 24-27, July 15-18

July 22-25, July 29-Aug 1

**NON-REFUNDABLE DEPOSIT and TUITION**

1 week $150 total cost\* $15 deposit

2 weeks $255 total cost\* $30 deposit

3 weeks $335 total cost\* $45 deposit

4 weeks $440 total cost\* $60 deposit

5 weeks $530 total cost\* $75 deposit

6 weeks $605 total cost\* $90 deposit

**\*Total cost INCLUDES non-refundable deposit due at time of registration.**

**Camp 2019 Weekly Themes**

Week 1 – June 10 – June 13 **Beach Fun**

It’s time to slather on the sunscreen and get a little sand between your toes! We’ll be playing at the beach this week. Your little ones will spend the week learning about things at the beach and in the ocean.

Week 2 – June 17 – June 20 **Space Adventure**

“Houston, we have lift-off!” We’ll be blasting off this week to study outer space. Planets, stars, astronauts and maybe….aliens! Join us as we spend the week boldly going where no one has gone before. (Sort of ☺ )

Week 3 – June 24– June 27 **Camping Out**

Nature hikes, fishing, tent life, campfires and of course, bugs – everything that makes a camping trip fun will be included in this week of camp.

Week 4 – July 15 – July 18 **Jungle Fever**

The lions may be sleeping but your preschooler will be having too much fun exploring the jungle for a nap! We’ll learn about the plants and animals that call the jungle home and some other fun facts about jungle life…you know… the “bear necessities”.

Week 5 – July 22 – July 25 **Pirate Party**

Treasure maps and possibly GOLD (!) await your little swashbuckler this week! We’ll sail the Spanish Main, search for adventure, (maybe swab the deck?) and still manage to be home in time for afternoon pick-up!

Week 6 - July 29 – August 1 **Amazing Authors**

Eric Carle, Dr. Seuss, Audrey Wood, Mem Fox, Eric Litwin… an entire week dedicated to some fabulous authors of children’s literature. Pete the Cat and Cat in the Hat all in the same week! Your child is sure to hear an old favorite and probably hear a new favorite too!!

Registration Information

Registration is open to children 2 – 5 years of age, as of 8/31/2019. 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 the Fellowship Hall no later than 1:00. A late fee of $5/every five minutes will apply for students still in our care 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 reserve the right to send home any child we feel is not well enough to participate in camp activities on a particular day.

**Because there are potentially so many different allergies to try to keep up with over a summer program, this year WE WILL NOT BE PROVIDING SNACK for our campers. Please send a snack for your child each day in a bag labeled with your child’s name, separate from his lunch.** We will provide water at snack time, so no drink will be required.

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 8/31/19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

\_\_\_ June 10-13 (Beach Fun) \_\_\_ June 17-20 (Space Adventure)

\_\_\_ June 24-27 (Camping Out) \_\_\_ July 15-18 (Jungle Fever)

\_\_\_ July 22-25 (Pirate Party) \_\_\_ July 29-Aug 1 (Amazing Authors)

\_\_\_ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_