

Greystone Baptist Preschool

2020 Summer Program

7509 Lead Mine Road
Raleigh, NC 27615
870-0040

Registration begins on Monday, March 2, 2020

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

Dates of Sessions:

June 8-11, June 15-18

June 22-25, July 13-16

July 20-23, July 27-July 30

NON-REFUNDABLE DEPOSIT and TUITION

1 week	\$155 total cost*	\$15 deposit
2 weeks	\$260 total cost*	\$30 deposit
3 weeks	\$340 total cost*	\$45 deposit
4 weeks	\$445 total cost*	\$60 deposit
5 weeks	\$535 total cost*	\$75 deposit
6 weeks	\$610 total cost*	\$90 deposit

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

Camp 2020 Weekly Themes

Week 1 – June 8 – June 11 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 15 – June 18 Color Crazy!

Red fish, blue fish, green eggs and ham... SO many colors all around! We will go crazy with colors this week through literature, crafts and games!

Week 3 – June 22– June 25 Desert

Climb up on your camels and let's go! It's hot and dry outside - the perfect time to talk about the desert and how plants and animals survive there. Will we find the oasis this week?

Week 4 – July 13 – July 16 Happy Birthday USA!

Fireworks! Flags! Fun! It's a week to celebrate the birthday of our nation! We're planning a good old-fashion 4th of July celebration!

Week 5 – July 20 – July 23 Christmas in July

As the summer turns hot and sticky, we'll turn our thoughts to cold, snowy Decembers. Christmas songs, Christmas games, Christmas stories. It's a nice way to take our minds off the summer heat!

Week 6 - July 27 – July 30 Greystone Olympics

The perfect ending to a perfect summer of camp fun... we'll be hosting the Greystone Olympics this week! There's an event for everyone in these games. You don't want to miss this fun.

Registration Information

Registration is open to children 2 - 5 years of age, as of 8/31/2020. 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 20th. If you are registering for all six sessions, you may pay in two installments, the first due May 20th, the second due by June 30th. 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 8/31/2020) _____ 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 8-11 (Beach Fun) ☐ June 15-18 (Color Crazy)
☐ June 22-25 (Desert) ☐ July 13-16 (Happy Birthday USA)
☐ July 20-23 (Christmas in July) ☐ July 27- July 30 (Greystone Olympics)
☐ 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: _____