

# **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:**

**July 6-9, 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

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

## **Camp 2020 Weekly Themes**

Week 1 – July 6 – July 9

### **Happy Birthday USA!**

Fireworks! Flags! Fun! It's a week to celebrate the birthday of our nation! We're planning a good old fashioned 4<sup>th</sup> of July celebration!

Week 2 – July 13 – July 16

### **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 3 – July 20- July 23

### **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 4– July 27 – July 30

### **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!

## 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**.

Payment for all weeks of camp are due no later than Sunday, July 5<sup>th</sup>. The entire week's tuition must be paid even if your child does not attend the entire week. Tuition is non-refundable unless health conditions require that camp be closed.

Summer program hours will be 9:10 - 1:00, Monday - Thursday. For health and safety reasons, we will ask that all children come through carpool each morning. Our staff will come out to do a health screening and temperature check before taking any child out of the car. At 1:00pm, all children will be walked out to you for pick-up. Our older children will be picked up by the preschool door closest to the Fellowship Hall. Our younger children will be picked up by the door closest to the Preschool Office. A late fee of \$5/every five minutes will apply for students still in our care at 1:05. Parents, please stay outside the building at drop off and pickup.

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. There will be a separate, unused room set aside to isolate any child who might become sick while at camp.

Each camper should come to school with a lunch and with a separate snack labeled with the child's name. We will provide water at snack time, so no drink will be required. Make sure to apply sunscreen to your child before sending him to camp. CDC guidance tells us that outside is the safest place for us so we will be spending LOTS of our camp time outside.

Children will be grouped by age, with our younger class capped with 8 children and our older class capped with 10. 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:

- ☐ July 6-9 (Happy 4<sup>th</sup>!)      ☐ July 13-16 (Beach Fun!)
- ☐ July 20-23 (Color Crazy)      ☐ July 27- July 30 (Christmas in July!)
- ☐ I would like all four sessions

The parent agrees not to hold Greystone Baptist Church, the preschool program, staff or board responsible for any illness, 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 parent agrees to reimburse the preschool for any costs.

The parent recognizes the risk inherent in allowing non-household members to interact during the Covid-19 pandemic, accepts that risk by allowing child to attend Greystone's camp program, and agrees to hold Greystone Baptist Church, the preschool program, staff or board harmless in the event child or family become sick as a result of attendance.

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: \_\_\_\_\_