

Greystone Baptist Preschool

2021 Summer Program

7509 Lead Mine Road
Raleigh, NC 27615
870-0040

Registration begins on Monday, March 1, 2021

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

Dates of Sessions:

June 14-17, June 21-24

June 28-July 1, July 12-15

July 19-22, July 26-29

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 2021 Weekly Themes

Week 1 – June 14 – June 17 **What's in my Backyard?**

Literally WHAT can we find in our backyards in Raleigh, NC? We'll look at plants, animals, bugs and birds – there's no limit to what we might find!!

Week 2 – June 21 – June 24 **Dinosaurs**

Our kids dig dinosaurs so we're going to dig for dinosaurs. We'll spend our week studying different kinds of dinosaurs – how they lived, what they ate and how we know! We'll also be digging out on the playground to see if we can find any dinosaur fossils!

Week 3 – June 28– July 1 **Jungle**

The lions may be sleeping but your preschooler will be having to 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!

Week 4 – July 12 – July 15 **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 5 – July 19 – July 22 **The (Not too) Wild West**

Saddle up your pony and grab your boots – it's the cowboy life this week! We'll be riding our "horses" and driving some cattle as we learn about life in the (not too) Wild West.

Week 6 - July 26 – July 29 **Pirate Adventure**

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 be back in time for afternoon pick-up!

Registration Information

Registration is open to children 2 - 5 years of age, as of 8/31/2021. 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. Pickup location and procedure will be determined closer to start of camp. 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.

You will need to send a lunch for your child each day and a **snack 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. Also, make sure you apply sunscreen to your child each day before camp!

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 8/31/2021) _____ 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 14-17 (Backyard)

June 21-24 (Dinosaurs)

June 28-July 1 (Jungle)

July 12-15 (Camping Out)

July 19-22 (Wild West)

July 26-29 (Pirate Adventure)

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: _____