

# Greystone Baptist Preschool

## 2022 Summer Program

7509 Lead Mine Road  
Raleigh, NC 27615  
870-0040

Registration begins on Tuesday, March 1, 2022 for currently enrolled families & Monday, March 14, 2022 for the community.

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

Dates of Sessions:

June 6-9, June 13-16

June 20-23, July 11-14

July 18-21, July 25-28

### NON-REFUNDABLE DEPOSIT and TUITION

1 week	\$155 total cost*	(\$15 deposit + \$140 camp cost)
2 weeks	\$260 total cost*	(\$30 deposit + \$230 camp cost)
3 weeks	\$340 total cost*	(\$45 deposit + \$295 camp cost)
4 weeks	\$445 total cost*	(\$60 deposit + \$385 camp cost)
5 weeks	\$535 total cost*	(\$75 deposit + \$460 camp cost)
6 weeks	\$610 total cost*	(\$90 deposit + \$520 camp cost)

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

# Camp 2022 Themes

## **Session One – June 2022**      **NORTH CAROLINA**

Our three weeks in June will be a study of our home state! North Carolina has it all- busy cities, glorious mountains and the most beautiful beaches around! Each week we'll take a closer look at one of these areas. We'll read stories, sing songs and go on imaginative adventures each day.

June 6 <sup>th</sup> – 9 <sup>th</sup>	Life in the City
June 13 <sup>th</sup> – 16 <sup>th</sup>	Life on the Mountains
June 20 <sup>th</sup> – 23 <sup>rd</sup>	Life along the Coast

## **Session Two – July 2022**      **ANIMALS**

Our three weeks in July will take us to the farm, the zoo and out in the wild! How do farm animals differ from zoo animals... or animals in the jungle... or animals on the plains? We're studying animals all month! We'll make crafts, go on safari, and learn as we play!

July 11 <sup>th</sup> – 14 <sup>th</sup>	Farm Animals
July 18 <sup>th</sup> – 21 <sup>st</sup>	Zoo Animals
July 25 <sup>th</sup> – 28 <sup>th</sup>	Wild Animals

## Registration Information

Registration is open to children 2 - 5 years of age, as of 8/31/2022. 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 8/31/2022) \_\_\_\_\_ 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 6-9 (Life in the City)     June 13-16 (Life on the Mountain)

June 20-23 (Life along the Coast)     July 11-14 (Farm Animals)

July 18-21 (Zoo Animals)     July 25-28 (Wild Animals)

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 parent 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: \_\_\_\_\_