

Summer Camp with Hope Preschool

Session 1 June 12th – 28th (\$190)

Session 2 July 17th – August 9th (\$250)

Campers meet Tuesday, Wednesday and Thursday from 9AM-1PM during the weeks listed above. *Students enrolled in the toddler group may select one, two, or three days of camp. A noon dismissal is also offered for our campers in the toddler camp, only.* *Please contact the director for *special pricing* if your child will not attend the three-day program.

Your child will be placed in a camp group that best suits his/her age and educational needs. Campers are divided into three groups:

Toddler Group – Ages 18mo. – 3 years

Preschool Group – Ages 3-5 years

School Age Group – Grades K-3

Please note that your child's placement in a specific camp is subject to change based on enrollment. If you wish to enroll your child into one of our Summer Camp Programs, please complete the attached information and submit with payment to:

**Hope Preschool
3474 Rothsville Road
Ephrata, PA 17522**

Your application cannot be processed until full payment has been received. *If you are enrolled in both camp sessions, payment of the second session is due on or before July 1st.* You will receive a welcome letter from your child's summer camp teacher with additional information about camp the week of May 21st.

SUMMER CAMP REGISTRATION

(one per camper please)

Circle all that apply: **Session 1 (June 12-28)** **Session 2 (July 17-Aug. 9)**

Toddler Group Only (circle days requested): Tuesday Wednesday Thursday

Camper Name: _____ **Age (on June 1st):** _____

Date of Birth: _____ **School Grade (Fall 2017):** _____

Parent/Guardian Names: _____

Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Email Address: _____

Allergies (food, medication, other):

Health Concerns:

Other information that may be helpful for my child's teacher (behavior concerns, fears, speech or language delays, interests, etc.)

Emergency Contact Information (in the event we cannot reach a parent, please provide two additional adults whom which we may contact and release your child to)

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Social Media Policy

_____ **I DO** give permission for my child's photo/video to be shared via newspaper, TV, Website, or Facebook

_____ **I DO NOT** give permission for my child's photo/video to be shared via newspaper, TV, Website, or Facebook.

Office Use Only:

Date Application Received: _____

Teacher Assignment: _____

Session 1 Payment: _____

Session 2 Payment: _____