



Summer Camp 2022
St. Luke's Preschool

Please complete this form and return it to the preschool office with your tuition by May 19. Students should be completing a 2 year-old program or older to enroll OR be 3 by 9/30/22.

Child's Name: _____

Birthday: ____/____/____ Gender: Male/Female Current Preschool teacher: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Parents: Name: _____ Work/Cell Phone: _____

Name: _____ Work/Cell Phone: _____

*****IS YOUR CHILD POTTY TRAINED?:** _____

Please mark (X) the camp(s) you are registering your child for:

Tuesday, May 31 - Friday, June 3: Fee: \$100 (Story Lady to visit Thursday of this week!)

___ **Under the Sea** 

Monday, June 6 - Thursday, June 9: Fee: \$100 (Stretch-N-Grow to visit Thursday of this week!)

___ **Little Scientists** 

Monday, June 13 - Thursday, June 16: Fee: \$100 (Miss Adelle - Movement Music - to visit Thurs.!)

___ **Pirates & Princesses** 

Monday, August 1 - Thursday, August 4: Fee: \$100

___ **Summer Fun:** Beach, Bugs, Animal Adventures, Camping/Fishing fun, and more!!! 

Camp hours are 9:30 - 12:30. The children will need to bring a backpack with a snack, a water bottle or cup, and a change of clothes every day. Each camp will also include Wednesday **Water Day** when the children will play in sprinklers, water tables, etc. On these Wednesdays, children will need to come with their bathing suit on underneath their clothes and wear water shoes (or shoes that can get wet.)

Please make checks payable to St. Luke's Preschool. Cash or check accepted for camps.

Medical Release Form

In the event that my child, _____, requires medical attention during school hours and neither parent can be reached, I give St. Luke's MMO and Preschool permission to call my child's doctor, _____, at the following phone number(s): _____, and authorize any treatment the doctor feels necessary.

I agree that St. Luke's MMO and Preschool will not be held responsible for any injury occurring while my child is in their care.

Parent's Signature: _____ **Date:** _____

Please list any information about your child's physical or emotional conditions that you feel we should know about in order to better care for your child. (i.e., allergies, special medications, family situations, etc.)

Does your child have any food allergies that require an EpiPen? _____