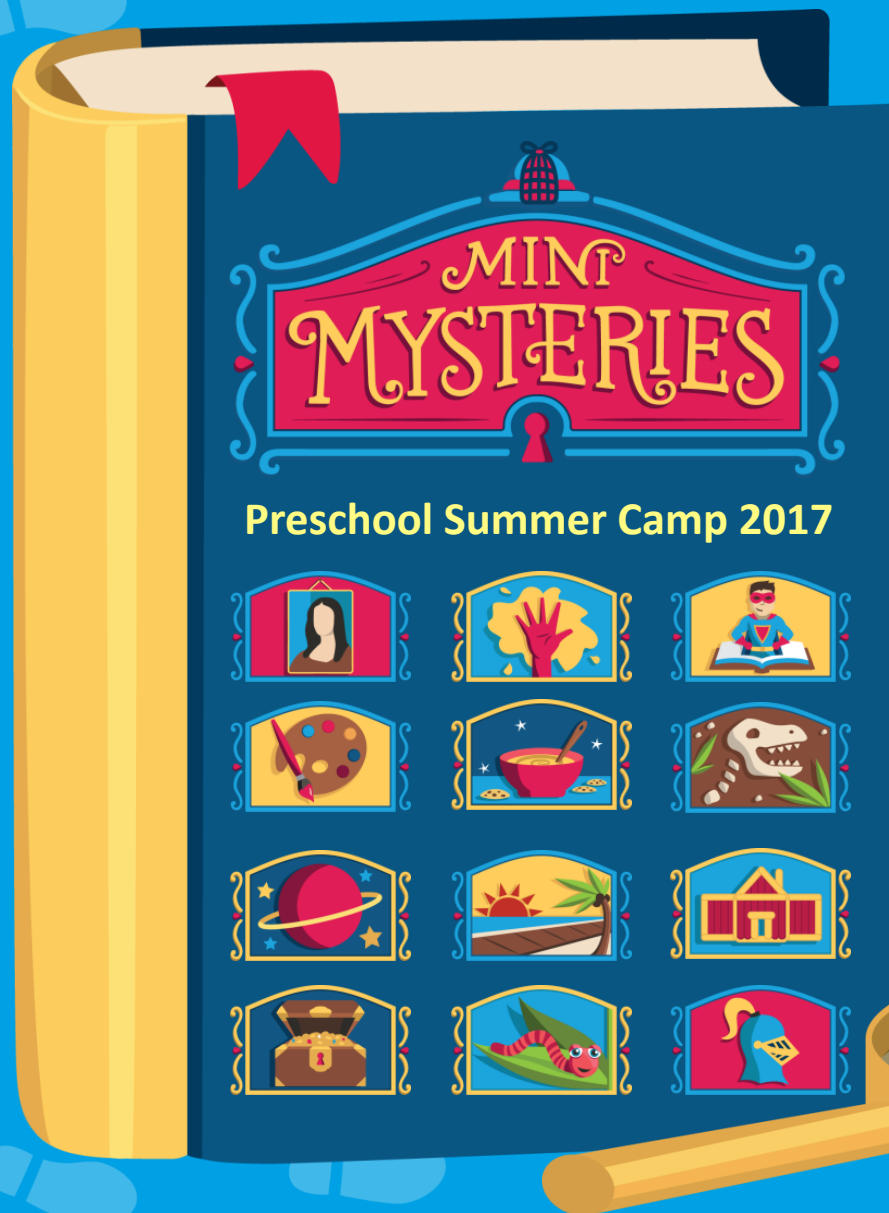


# Preschool Summer Camp at DOL Child Development Center



- Arts, Music, Dance & Drama
- Nature & Science
- Sports & Games



NOBEL  
LEARNING  
COMMUNITIES<sup>INC.</sup>

# Welcome!



As a continuation of our Links to Learning® curriculum, camp offers a fun-filled summer program for children ages 1 to 5. Each week, preschoolers jump into action, participating in fun and exciting activities and special events.

Our preschoolers have the opportunity to expand their horizons during the summer, embarking on new adventures, and having fun!

Although we want the children to have the best summer possible, we can't forget about all they've learned during the school year.

Our Links to Learning® summer curriculum is designed to review and strengthen skills taught during the school year. Various academic activities will be integrated throughout your child's daily summer experience.

Our camp program will inspire your child's mind to engage, explore, create and stay active this summer!

**The key to  
10 weeks of  
summer fun!**



## Summer Preschool Schedule

**June 19 – August 25**



**Links to Learning**

## Weekly Themes

- WEEK 1** Storybook Summer
- WEEK 2** Treasure Hunters
- WEEK 3** Color Me Happy
- WEEK 4** Mysterious Mixtures
- WEEK 5** Fossil Find
- WEEK 6** Hiding in the Garden
- WEEK 7** What's Beyond the Moon?
- WEEK 8** On the Boardwalk
- WEEK 9** Building without Blocks
- WEEK 10** Knight Vision





# 2017 Summer Camp Fee Schedule



## Camp Weeks (no camp on July 4)

- Week 1** June 19 – 23
- Week 2** June 26 – 30
- Week 3** July 3 – 7
- Week 4** July 10 – 14
- Week 5** July 17 – 21
- Week 6** July 24 – 28
- Week 7** July 31 – August 4
- Week 8** August 7 – 11
- Week 9** August 14 – 18
- Week 10** August 21 – 25



Preschool Summer Only Enrollment - Tuition must be paid for the full 10 weeks, no vacation credits or exceptions.

Tuition Rates and Schedule	
Summer Camp	\$
Summer Activity Fee	\$

Payment Policy: A deposit equal to your tuition is required at time of enrollment to hold your reservation. The deposit will be applied to your campers final week of camp. Weekly camp fees are due every Monday morning at drop-off for that week of camp and is subject to a \$25 late fee if not received by 12 pm Tuesday.

## Calculate Total Due for Registration

Summer Activity Fee \$ \_\_\_\_\_

Additional T-shirt # \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

(One shirt is included with registration)

One Week of Tuition – Deposit Due \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

(Mark One) Total has been paid via:

Card on File \_\_\_\_\_

Credit Card Authorization Form \_\_\_\_\_

Check/Money Order \_\_\_\_\_

## Camper Information

Name \_\_\_\_\_

Grade Completed \_\_\_\_\_

Date of Birth \_\_\_\_\_

Shirt Size (Youth XS- Adult M) \_\_\_\_\_

Will you have a sibling attending our school at the time of enrollment? (Yes or No) \_\_\_\_\_

\*If yes, there is a 10% discount from tuition of the oldest student.

Does your student need authorization for emergency medical treatment (allergies or inhaler)?  
(Yes or No) \_\_\_\_\_

# CAMP REGISTRATION FORM



## Camper Information

Camper's Name \_\_\_\_\_ ☐ Male ☐ Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Camper's Birth Date \_\_\_\_\_ Age on June 1st \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
 Parent/Guardian 1 \_\_\_\_\_ ☐ Male ☐ Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_ ☐ Male ☐ Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
 Child in custody of (Please check one) ☐ Both parents ☐ Mother ☐ Father ☐ Other (Specify) \_\_\_\_\_  
 Child lives with (Please check one) ☐ Both parents ☐ Mother ☐ Father ☐ Other Specify \_\_\_\_\_  
 Does your child know how to swim? ☐ Yes ☐ No Do you give permission for your child to swim in camp programs? ☐ Yes ☐ No  
 Do you give permission for your child to attend and participate in all activities on camp field trips? ☐ Yes ☐ No

## Medical Information

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Dentist/Orthodontist \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) \_\_\_\_\_  
**Health History** – (Mark all that apply & provide copies of all immunizations) ☐ Ear Infection ☐ Convulsions ☐ Asthma ☐ Bleeding/Clotting Disorder  
 Allergies ☐ Pollen ☐ Poison Oak/Ivy/Sumac ☐ Penicillin ☐ Insect Stings (List Type) \_\_\_\_\_ Foods (List Type) \_\_\_\_\_ Other (List Type) \_\_\_\_\_  
 Operations, serious injuries, diseases, or restrictions on physical activity: \_\_\_\_\_  
 Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions) \_\_\_\_\_  
 Behavioral conditions or problems of which camp staff should be aware \_\_\_\_\_

## Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_  
 Name : \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_

**Parent Authorization/Medical Release:** The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_