

WELCOME TO EPWORTH SUMMER CAMP 2019!

The summer enrichment program provides many sensory experiences and developmentally appropriate activities in music, movement, literature and art for the preschool child. School age children will enjoy a variety of arts, crafts, music, and fun outdoor activities. All will be provided in a Christian environment. Children who turn 2 by November 2019 through 3rd grade may enroll. This summer program is not accredited by NAEYC.

REGISTRATION in the Preschool office on the following dates:

- MARCH 11** Currently registered families
MARCH 12 Returning families, Church Members & families registered for Fall 2019-20
MARCH 13 New Families (open to the public)

Registration fees are due at registration. Registration fees and tuition are **NON-REFUNDABLE**. Children born November 2017 through pre-K will be placed in age appropriate groups. We will offer a class for school age children (children who are entering Kindergarten and are no older than having completed 2nd grade). Classes are filled on a first come, first serve basis. If classes are filled, your child will be placed on a waiting list; and the registration fee will be returned.

Epworth Summer Camp 2019- Meets for 6 weeks on Tuesdays, Wednesdays, & Thursdays, 9:00am-1:00pm (see dates below)

REGISTRATION FEE: \$40 PER FAMILY or \$25 for one child **SUMMER CAMP TUITION IS DUE NO LATER THAN: APRIL 19**

WEEK 1: 6/4, 5, 6; **WEEK 2:** 6/11, 12,13; **WEEK 3:** 6/18, 19, 20; **WEEK 4:** 6/25, 26, 27; **WEEK 5:** 7/9, 10, 11; **WEEK 6:** 7/16, 17, 18

TUITION for ALL 6 Weeks (3 days per week): \$425 **Cost Per Week: \$75 (you may choose to do one week at a time)**

You may also choose to enroll a child 1 or 2 days of your choice for 6 weeks: (for example: only Tues OR Tues/Thurs, etc.)

TUITION FOR 1 DAY PER WEEK FOR 6 WEEKS: \$ 144.00

TUITION FOR 2 DAYS PER WEEK FOR 6 WEEKS: \$ 288.00

If tuition is not received by 4/19/19, we reserve the right to fill your child's space and registration fee will not be returned.

What do I bring to school? Light nutritious snack and lunch with a drink, change of clothes and a hat (all ages). Remember to bring diapers and wipes for the little ones. Please put sunscreen on your children before sending them to school, as we will spend time outdoors.

Please fill out and detach form below to register
FAMILY REGISTRATION CARD EPWORTH SUMMER CAMP 2019

Child's Name: _____ Child's Date of Birth: _____ Current Class/Grade: _____
Last First Middle Initial

Parent's Name: _____ Parent's Name: _____ Home Phone #: _____

Parent's email: _____ Parent's email: _____

Address: _____ City: _____ State: _____ Zip: _____

Is your child working with a therapist at this time? Yes No Does your child have an I.F.S.P. or an I.E.P.? _____

REGISTRATION SELECTION AND TUITION: (Please indicate below your enrollment selection.)

- **Enroll ALL 6 Weeks (3 days per week): \$425** _____
- **Enroll by the Week: \$75 per week (Check the week or weeks below)**

WK 1: 6/4, 5, 6 ___ WK 2: 6/11, 12,13 ___ WK 3: 6/18,19,20 ___ WK 4: 6/25, 26,27 ___ WK 5 7/9, 10, 11 ___ WK 6: 7/16, 17,18 ___

- **Enroll by the day/days per week for 6 Consecutive Weeks: (Select the day/days of your choice.)**
TUITION FOR 1 DAY PER WEEK FOR 6 CONSECUTIVE WEEKS: \$ 144.00 ___ Tues ___ Wed ___ Th
TUITION FOR 2 DAYS PER WEEK FOR 6 CONSECUTIVE WEEKS: \$ 288.00 ___ Tues ___ Wed ___ Th

DUE AT REGISTRATION: Registration Fee per Family \$40 _____ **OR one child \$25** _____

In order to reserve the space for summer camp, tuition must be received in full by April 19th. If tuition is not received in full by 4/19/19, we reserve the right to fill the spot. Please remember to turn in or update health forms by May 22, 2019.

Parent's Signature _____

Provide a 4 digit number for the Security System Access Code:

____ - ____ - ____ - ____ You will enter this followed by the # at the door

Check No. _____ Date _____ Amount _____
OFFICE USE



CLASSROOM INFORMATION & EMERGENCY FORM

Epworth Weekday Children's Ministries, A Ministry of Epworth United Methodist Church

Epworth Summer Camp 2019

6450 Allisonville Rd., Indianapolis, IN 46220

PHONE: (317) 251-1483



Current Class/Grade: _____ Home Phone: _____ Birth date: _____

Child's last name: _____ First name: _____ M or F Nickname: _____
circle

Family email: _____

Parent's Name: _____ Daytime Phone : _____ Cell: _____

Parent's Name: _____ Daytime Phone: _____ Cell: _____

Home Address: _____ City: _____ Zip Code: _____

If both parents work during the day, who cares for the child when not at school? _____

Person(s) to call in an Emergency: (to whom child may be released if guardian is unavailable)

1. _____ Relationship to Child: _____ Phone Number: _____

2. _____ Relationship to Child: _____ Phone Number: _____

3. _____ Relationship to Child: _____ Phone Number: _____

Persons unknown to teachers will be asked for identification. The school must be notified in writing (in the event of emergency we may be notified by phone) if the child is to be picked up by anyone other than the above. Parent must give verbal or written permission for their child to go home with a friend from EWCM.

PHOTO RELEASE – I give permission to Epworth WCM to photograph or videotape my child for educational purposes, to use on EWCM brochures/website or to share on the EWCM Google group sites. No child's name will ever be used. I agree that I will receive no compensation or ownership rights to the photographs. _____ (please initial)

EMERGENCY INFORMATION

Name of Child's Physician: _____ Location: _____ Phone Number: _____

Name of Child's Dentist: _____ Phone Number: _____

Child's Health Insurance: Name of Insurance Plan: _____ ID# _____

Subscriber's Name (on insurance card): _____ GROUP # _____

Transport Arrangement in a Medical Emergency:

If your insurance requires use of a certain Ambulance Service, please list it here. 911 will be used to dispatch emergency care for your child. You may request a specific hospital (please note if your insurance requires it) or you may choose to write, "closest hospital for medical need."

Ambulance Service _____ Preferred Hospital _____

ANY KNOWN ALLERGIES/CONDITIONS (Please include detailed and specific treatment for any allergic reaction) If your child has Asthma or requires the use of an EpiPen for an allergic reaction, please note on here and request a Medical Release Form.

As parent/guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. In case of emergency evacuation I give permission for my child to be transported off site to a safe location. I give consent for the emergency contact person listed to act on my behalf until I am available. I give my consent for sunscreen and/or mosquito repellent to be applied to my child.

Parent/Guardian Signature: _____ Date: _____