

Camp Schedule

Mon-Fri | 9^{am}-1^{pm}

Week 1

6/6-10 *Camping*

Week 2

6/13-17 *All-Star Sports*

Week 3

6/20-24 *Around the World*

Week 4

6/27-7/1 *Space*

Week 5

7/11-15 *Magic!*

Week 6

7/18-7/22 *Circus*

FUN FACTS & FEES

Camps are open to children ages 2-6.

Registration begins APRIL 1st.

In order to reserve your child's camp week(s) and to take advantage of multi-week discounts, all Summer Camp registrations & fees are due by April 30, 2011. After May 1, weekly fees are \$165 (5-Day) & \$140 (3-Day). Siblings each receive an additional 10% discount off weekly fees.

	3-Day (M-W-F ONLY)	5-Day Camp
1 week	\$140/week	\$165/week
2-4 wks	\$120/week	\$145/week
5-6 wks	\$100/week	\$125/week

New Hope Preschool SUMMER FUN! CAMPS

SUMMER CAMP 2011 | REGISTRATION FORM

One form for each child | PLEASE PRINT!

Parent/Guardian Name _____

CHILD NAME _____ GOES BY _____

DATE OF BIRTH _____ AGE ON JUNE 1, 2011 _____

Street Address _____

City _____ ST _____ ZIP _____

In box check your best daytime contact # Cell PH (____) ____ - _____

Home PH (____) ____ - _____ Work PH (____) ____ - _____

EMAIL _____ @ _____ . _____

Please register my child for (circle one) **5-DAY** camp -or- **3-DAY** camp

and for the following weeks (circle all that apply):

June 6-10 June 13-17 June 20-24 June 27-July 1 July 11-15 July 18-22

weeks _____ x \$ _____ / week (see fee chart to left) = \$ _____

To secure your weeks and receive multiple-week discounts, you must enclose a check for the full amount payable to New Hope Preschool. Quantity discounts available till April 30. Return registration form and check to New Hope Preschool, 5477 Roberts Drive, Dunwoody, GA 30338

MEDICAL INFORMATION & RELEASE

Emergency Contact Name _____ Relationship _____

Best Contact Phone (____) ____ - _____ Alternate Phone (____) ____ - _____

Physician's Name _____ Phone (____) ____ - _____

Please note any medical conditions: (i.e. diabetes, allergies, asthma) and medications currently prescribed: _____

Should (print child's full name) _____ suffer an injury or illness while attending any program of New Hope Church or Preschool, and the teachers are unable to contact me (us) immediately at the contact phone numbers listed above, I authorize any employee of New Hope Church/Preschool to obtain professional medical attention and/or treatment for my child as they deem necessary. I (We) assume responsibility of payment for all medical services used to transport/treat my child. New Hope Church/Preschool agrees to keep me informed of any incidents requiring professional medical attention involving my child. I (We) authorize the use of Children's Healthcare of Atlanta or another facility deemed necessary in case of emergency. I (We) further authorize any available physician and/or healthcare provider at the selected facility to treat my child as needed. **I understand and agree to this release:**

Parent/Guardian Signature _____ Date _____

Print Name _____



New Hope Church & Preschool

5477 Roberts Drive, Dunwoody

(Just North of Austin Elementary)

Preschool Phone 770.391.1144