

Join us for our Summer Camp
“Summertime Fun”



Monday – Thursdays • June 26 - July 20, 2017
9:30am – 12:30pm

Weekly Themes

Schedule

Week 1: June 26 - June 29 Down by the Sea	9:30 - 9:45	Welcome & Free Play
Week 2: July 3 – 6 (no camp 7/4) Under the Big Top	9:45 - 10:30	Activity Centers
Week 3: July 10 - 13 Creepy Crawlies	10:30 - 11:00	Music & Story Time
Week 4: July 17 - 20 Fun & Fantasy	11:00 - 11:15	Bathroom Break & Snack Time
	11:15 - 12:15	Outdoor Water Play & Playground
	12:15 - 12:30	Closing Circle Time & Dismissal

South Branch Reformed Church Preschool

870 River Road, Hillsborough, NJ 08844 Phone: (908) 369-7885
Email: Preschool@SBRChurch.org Website: www.sbrcpreschool.org

Registration for currently enrolled students starts March 20th,
All others April 3, 2017.

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Summer Camp Enrollment Agreement

I hereby enroll my child in the 2017 South Branch Reformed Church Preschool Summer Camp Program.

Please Print

Child's Name _____ Date of Birth _____

Parent's Name _____

Address _____

City / State / Zip Code _____

Home Phone # _____ Cell # _____

Email Address _____

Tuition is \$25.00 per day. Children are invited to attend for either 1, 2, 3, or 4 days during any or all of the weeks. Please circle those days you would like your child to attend. We are limiting enrollment to 25 students per day and will notify you of alternate available days if the days you requested are already filled.

Week 1: June 26 – June 29	M	T	W	Th
Week 2: July 3 - 6 (3 days only)	M	T	W	Th
Week 3: July 10 - 13	M	T	W	Th
Week 4: July 17 - 20	M	T	W	Th

Total # of days _____ X \$25.00 Amount Enclosed _____

Please make checks payable to SBRC Preschool. There will be no refunds or credit if your child is unable to attend. Exceptions will be made if a serious illness or injury is confirmed in writing by your child's physician.

PLEASE COMPLETE REVERSE SIDE

Child's Name _____

❖ List two neighbors or nearby relatives who will assume temporary care of your child, if you cannot be reached.

1. Name _____ Phone # _____

Address _____

2. Name _____ Phone # _____

Address _____

❖ In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary. I further agree to accept responsibility for any medical expenses incurred on behalf of the above named child and under the conditions described above.

Parent Signature _____ Date _____

❖ Does the above named child have any physical or emotional needs that might interfere or affect in any way his/her experience at camp? Yes No

Explain _____

Allergies _____

Requires Epi Pen? Yes No

❖ Local Physician's Name _____

Address _____ Phone # _____

❖ I shall advise the SBRC Preschool in writing each time someone other than a parent will pick up my child. Only the following designated people are allowed to pick up my child:

1. _____ 2. _____

❖ I understand that all fees are payable in advance with this application in the amount specified and that no child may enter or continue to attend unless all fees are paid up-to-date. This application does not guarantee acceptance. When accepted and returned, the school agrees to reserve space for the above named child for the period specified. I understand that if this application cannot be accepted by SBRC Preschool, no contractual relationship shall exist between us, and my payment will be returned in full. I understand that the dates of enrollment cannot be altered. I agree that enrollment is for the entire period specified and there will be no refunds or credit except as follows; a child is unable to attend due to serious injury or illness that is confirmed in writing by the child's physician.

I have read the conditions of this agreement and accept them as stated. SBRC Preschool reserves the right to cancel programs should there be insufficient enrollment.

Parent Signature

Date