**Scribbles Preschool**

**Summer Fun Adventure Camp 20****24**

![C:\Users\Karen\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\DA93VCE8\MM900283640[1].gif]()Intro- PreK

June 17th- August 2nd

9:00 a.m. - 12:00 p.m.

 The summer program follows weekly themes with fun in the sun activities that include water and sand play, arts and crafts, sports and games, music and movement, carpentry, cooking, science, literacy and so much more.

**To Register:**

* Pick your days. Pick your weeks.
* Complete and return the second page.
* Include camp tuition for the full amount.
* New families please contact the office for additional registration forms.

You will be receiving specific information about camp in the beginning of June.

**We look forward to a fun filled**

**summer adventure!**

**Scribbles Summer Fun Adventure Camp 2024**

9:00 - 12:00 - $55 per day

 10% sibling discount

 Indicate which days your child will be attending.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session** |  | **M** | **T** | **W** | **TH** | **F** |
| June 17th – June 21st |  |  |  |  |  |  |
| June 24th – June 28th |  |  |  |  |  |  |
| July 1st - July 3rd |  |   |  |  |  ***Holiday******No Camp***  | ***Holiday******No Camp***  |
| July 8th – July 12th |  |  |  |  |  |  |
| July 15th – July 19th |  |  |  |  |  |  |
| July 22nd – July 26th |  |  |  |  |  |  |
| July 29th – August 2nd  |  |  |  |  |  |  |

Amount Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| CHILD’S NAME | Date of Birth(mm/dd/yy) | Sex(M/F) |
| Mother/Guardian | Father/Guardian |
| Tel# | Cell# | Tel# | Cell# |
| Address | Address |
| City | State | Zip | City | State | Zip |
| Mom Email: | Dad Email: |
| Employer | Employer |
| Address | Address |
| City | State | Zip | City | State | Zip |
| Tel# |  | Tel# |  |
| Pediatrician’s Name: Tel#: |  |
| Address | City | State | Zip |
| **Other Children in Family (list on separate sheet if necessary):** |
| Name | Name | Name |
| Date of Birth(mm/dd/yy) | Sex(M/F) | Date of Birth(mm/dd/yy) | Sex(M/F) | Date of Birth(mm/dd/yy) | Sex(M/F) |
| Persons to contact in an Emergency **(other than parents**)–e.g., friends, neighbors, etc. We need **TWO** (required by law):These must be **LOCAL** (within 20 minutes of school): |
| Name1 | Tel# | Cell# |
| Address | City | State | Zip |
| Name2 | Tel# | Cell# |
| Address | City | State | Zip |
| **I hereby authorize the following adults to pick up my child from Scribbles Preschool throughout the year:** |
| Name | Tel# | Cell# |
| Address | City | State | Zip |
| Name | Tel# | Cell# |
| Address | City | State | Zip |

SCRIBBLES PRESCHOOL, INC

Registration Form 2024 Summer Camp

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**