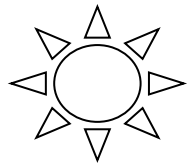




SUMMER CAMP 2017 Western Springs



GRAND AVENUE PRESCHOOL SUMMER CAMP ENROLLMENT

| | |
|-------------------------------------|-------------------------|
| Child's Name _____ | Birth Date _____ |
| Parent's Names _____ | Cell/Pager # _____ |
| Address _____ | Home Phone # _____ |
| Father's Employment _____ | Work Phone # _____ |
| Mother's Employment _____ | Work Phone # _____ |
| Emergency Contact _____ | Emergency Phone # _____ |
| Child's Doctor _____ | Doctor's Phone # _____ |
| Allergies and/or restrictions _____ | E-Mail _____ |

Please put an X by the session(s) you would like to request. We will return this form to your confirming your camps.
Sessions are Tuesday, Wednesday, and Thursday for two consecutive weeks.

A.M. 9:00 a.m. -- 11:30 a.m. **P.M. 1:00 p.m. -- 3:30 p.m.**

REQUESTED

CONFIRMED

| | | |
|---|--|-------|
| _____ Session 1 - June 6, 7, 8 & 13, 14, 15 | Backyard Bonanza (Bugs/Planting) | _____ |
| _____ Session 2 - June 20, 21, 22, & 27, 28, 29 | Preschool Picassos (Art) | _____ |
| _____ Session 3 - July 5, 6, 7 & 11, 12, 13 | Bear-ly Science (Discovery) | _____ |
| _____ Session 4 - July 18, 19, 20 & 25, 26, 27 | Ready, Set...Let's Go! (Transportation) | _____ |
| _____ Session 5 - Aug. 1, 2, 3 & 8, 9, 10 | Fun in the Sun (Water Theme) | _____ |

Please enclose \$120 per session. For new students, an Authorization for **Emergency Medical Care and My Child's Biography** are enclosed and must be returned by the first day of camp. If we already have your form on file, but you need to update it, please come into the office for a new form. All forms must be on file by the first day of camp.

A few notes about camp: *All children must be toilet-trained.* Please send school bags every day and have your child wear comfortable, safe shoes—please, NO sandals or clogs except on swim suit days. If sunscreen is needed, apply to your child before dropping them off at camp. On the first day of each camp, every family will be issued a "car line" letter or number to be used for picking up their child/ren. There will be no refunds due to cancellations. We look forward to seeing your child in camp. If you have any questions, please call the office.

Western Springs (708) 246-2270 Mary Rizzardini JoAnn Buralli

OFFICE USE ONLY:

PAID check # _____ in the amount of \$ _____ date _____

This is an acknowledgement of your payment and your confirmed summer camp sessions.
Summer PS Camp Enrollment. Word (WS)