

SUMMER CAMP 2018 REGISTRATION

Dear Parents,

Welcome to Spanish for fun! Summer Camp. We are glad you are interested in our unique summer program; our goal is to provide a holistic development to your children in a rich and fun environment.

The program is for children 6 weeks to 8 years old, giving your child the opportunity to do various exciting activities. This is a remarkable opportunity for your child to learn Spanish in a fun and natural way, all without traveling to a foreign country!

During our summer program we offer a variety of resources to the children some of which are:



- Science
- Cooking
- Art-craft
- Literacy
- Theater
- Music
- Gross motor activities
- Gardening and recycle activities.

- ❖ Special program for infants includes baby yoga, baby massage, puppet show, music, environment exploring and sensory activities.
- ❖ Special end of the camp for children.

Camp Information:

When? From **June 18th, 2018 to August 9th 2018.** [Monthly or Weekly Programs Available!](#)

Ages? Sff! Wake Forest: Children from 6 weeks to 8 years old.
Sff! Duraleigh: Infant and Toddler Center.
Sff! Cary and Sff! Glenwood: Children from 18 months to 6 years old.

Time? Full Day Camp 7:00 am to 6:00 pm.
Half Day Camp 8:30 am to 12:30 pm.
Afternoon Camp 2:30 pm to 6:00 pm.

Registration.-

Registration Fee is \$ 40.00

At this moment most of our schools are at full capacity; registration is first come first serve basis.

We would love seeing your child enjoying this summer with us!

Warm Regards,

Sff! Administration.

SUMMER CAMP REGISTRATION FORM 2018

New Families

Date Application Completed or Updated _____ Date of Enrollment _____

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

CHILD INFORMATION

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Email Address _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Email Address _____

ADMISSION REQUEST

1. Summer Camp Schedule: _____ Full Day (7:00am - 6:00pm)
_____ Half Day AM (8:30am - 12:30 pm)
_____ Half Day PM (2:00pm-6:00pm)
2. Check Days of Attendance: Monday - Friday _____
Monday, Wednesday and Friday _____
Tuesday and Thursday _____
3. Weeks Attending:
JUNE 18-22 _____
JUNE 25-29 _____
JULY 2-6 _____
JULY 9-13 _____
JULY 16-20 _____
JULY 23-27 _____
AUGUST 30-3 _____
AUGUST 6-9 _____

*August 10th 2018/ School is closed

CONTACTS: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
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HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____
Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Disclaimer:

I, the undersigned, do hereby commit that all of the information provided by me on this application is true to the best of my knowledge, and that I have not intentionally withheld or misrepresented any pertinent data. I understand that Spanish for fun! Reserves the right to accept or decline my application. I also release Spanish for fun! Preschool from all liability associated with personal injury or property damage, which may occur on or about these premises. I further agree to fulfill my financial obligations to Spanish for fun! In a timely manner. My signature confirms my commitment to have my child participate in the Summer Camp 2018 and I agree that full payment will be made the 8th Day of every month. I also agree to abide by Spanish for fun! Policies and procedures which I have received in the form of the Parent Handbook.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____