

Age as of June 1st 2021: _____ Years _____ Months



2021 Summer Camp Program



FIRST PRESBYTERIAN CHURCH PRESCHOOL

249 S. WAYNE AVE. / PO BOX 877, WAYNESBORO, VA 22980 | 540.949.8366 | FIRSTPRESPRE.ORG

Child's full name: _____

Preferred name/name goes by: _____ Date of birth: ____/____/____ Gender: female male

Child's street address: _____

City: _____ State: _____ Zip Code: _____

City or County child resides in: _____

Child's household includes:

Both parents Mother only Father only Grandparents Grandmother Grandfather Legal guardian(s) Other

Primary language spoken in home: _____

Child speaks and understands English: Fluently Knows some English but needs help Knows very little/no English

Additional language(s) child speaks: _____

How did you find out about our program? _____

Any parent/child in our program we can thank for a referral? _____

Any special friends in our program? _____

CAMP OPTIONS **A one-time \$35 registration/supply fee required with your application**

Half-Day (8:45 am - 12 noon, Monday-Friday) Full-Day (7:30-6:00pm, Monday-Friday)*

** We have limited space in the extended day program. If the program is full, we will let you know as soon as possible and add you to a wait list.*

**** Please mark weeks attending**

June 1-4

June 28-July 2

July 26-30

June 7-11

July 5-9

Aug 2-6

June 14-18

July 12-16

Aug 9-13

June 21-25

July 19-23

Aug 16-20

*** No camp July 2nd
Month will be
prorated**

FAMILY INFORMATION

Parent/Guardian 1: _____

Relationship to child: _____ E-mail: _____

Home address (if different than child's): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer/Occupation: _____

Parent/Guardian 2: _____

Relationship to child: _____ E-mail: _____

Home address (if different than child's): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer/Occupation: _____

Other children's names and ages:

COMMUNICATION:

Person(s) to receive communications: _____

Preferred means of communication:

Text: #(s) _____

Phone call: #(s) _____

Email: address(es) _____

TUITION & FEES:

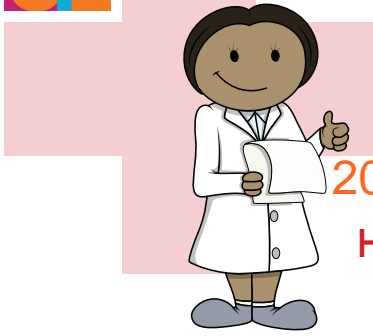
Person(s) financially responsible: _____

Contact information for person(s) financially responsible (if different from above):

For the summer camp program, do you plan on paying:

ENTIRE SUMMER ALL TOGETHER (BY START OF FIRST SESSION) MONTHLY WEEKLY

(This can be changed! It helps us know when to expect payments to come in, however you aren't locked into this payment plan. If you need to alter your payment structure, please contact the financial secretary in room 200A on the 2nd floor or call at (540) 949-8366, ext. 202. Thank you!)



Child's Full Name: _____

Date: _____

Class: _____

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HEALTH AND SAFETY INFORMATION

ALLERGIES/FOOD INTOLERANCE

Allergy/Intolerance	Typical Reaction	Action to Take
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are additional allergies or intolerances, please attach an additional sheet of paper. If an epi pen or other medications are needed, please make sure to get extras to keep here at school in case of an emergency.

MEDICAL CONDITIONS

Condition	Typical Symptoms	Action to Take
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are additional medical conditions we should be aware of, please attach an additional sheet of paper. Please make sure to have any necessary items here at school.

ADDITIONAL MEDICAL/BEHAVIORAL THINGS OF NOTE...

Anything additionally we should be aware of as we care for your child? _____

PRIMARY CARE

Child's Physician: _____ Phone: _____

Address of Physician's office: _____



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HEALTH AND SAFETY INFORMATION

Child's Full Name: _____

Date: _____

Class: _____

EMERGENCY SITUATIONS

In case of emergency, 911 will be called. Fingers crossed, this won't be an issue. However if something does arise, we will make every effort possible to contact you in the event there is an emergency. Please the names and numbers we should use to reach should there be an emergency. If you can list in the order you'd prefer us to call, that would be helpful!

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If the contacts we have on file cannot be reached, whom can we use as an **additional emergency contact?**

Name: _____ Phone: _____

Name: _____ Phone: _____

PICK UP FROM CAMP

Person(s) authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



Person(s) *NOT* authorized to pick up child*

Name: _____ Phone: _____

Name: _____ Phone: _____



**Appropriate paperwork such as divorce decree shall be attached, if a parent is not allowed to pick up the child.*

Child's Full Name: _____

Class: _____



PERMISSIONS:

Photography:

Do we have permission to photograph your child during the course of their participation in FPCP's summer camps and extended day programs? YES NO

Do we have permission to include photographs of your child on the **preschool website** (www.firstprespre.org), in **church or preschool newsletters**, **FPCP social media**, **Preschool/church video screens** or on **bulletin boards** in the church? *Names will not be displayed.* YES NO

Do we have permission to include your child's photo and name in a **newspaper article** (field trip, graduation, etc.)? YES NO

Field Trips:

My child, _____, has my permission to go on walking field trips with their class. I will be notified prior to each outing. YES NO

Parent signature: _____ Date: _____



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Application/Reservation:

A \$35 one-time supply/registration fee must accompany your preschool application. This fee reserves your child's place and is non-refundable, unless we cannot accommodate your child. If your situation changes and you are unable to make one or more sessions your child is registered for, please let us know as soon as possible so that other children on the wait list might be able to attend for that week(s).

Required Forms:



Each child must have a **Virginia physical exam certificate, signed by a physician**, proving adequate immunization and general good health. We must have a copy of your child's **birth certificate** as well. These forms must be submitted before the first day of camp attendance. *(If your child is in the FPCP program and we already have current forms on file, you do not need to submit these again.)*

Camp Groups:

Groups are organized by age. We offer camp sessions for two-, three- and four-year-olds. Keeping in line with the school system so that kids can transition straight to kindergarten after our program, the class your child is in is determined by his or her age and birthday. September 30th is the determining birthdate for all group assignments. *(i.e. A child turning two on September 15 would enroll in the two-year-old class. A child turning three on November 10 would also enroll in the two-year-old class. A child turning four on July 10 would be in the four-year-old class.)* A child must turn two by September 30 in order to enroll.

Tuition:

Camp fees are paid either **in one lump sum (by the first session enrolled in) or monthly on the first day of each month enrolled (June-August) or weekly on the first day of each session.** *Payments received over five days late will incur a \$15 late fee.* Failure to pay by the end of a month will result in dismissal of your child until all arrearages and current due payments are made. **Arrangements for any new payment schedule change MUST be made with the church financial secretary in advance** (room 200A on the 2nd floor).



Extended Day Fees:

Extended day fees are payable by the month or in all at once at the beginning of the program. Payment options negotiable; you can pay in one lump sum, monthly or weekly.

Late Pick-up Fee:

Our care givers need to get home to their families, too. Children picked-up after 12 noon (*Camp*) or 6:00 p.m. (*Extended Day*) will incur a \$10.00 late fee charge if prearrangements are not made with the teacher in advance.



Payments:

All payments are by check or money order, made payable to First Presbyterian Church and submitted to the church financial secretary (room 200A on the 2nd floor).

I have read and accept the terms and conditions of this registration.

Signed: _____ Date: _____