



2024 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.

JUNE CAMPS

- June 3-7
- June 10-14
- June 17-21
- June 24-28

JULY CAMPS

- July 1-3
- July 8-12
- July 15-19
- July 22-26

*No camp July 4&5. The week of July 1-5 is 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 discuss it with the director. Thank you!)



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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

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 give me 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.*



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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** as well as **immunization records.** We must also have a copy of your child's **birth certificate.** These forms must be submitted before the first day of camp attendance.



Campers:

Each child must turn two by September 30, 2019, in order to enroll in summer camp at FPCP.

Tuition:

Camp fees can be paid in **one lump sum (by the first session enrolled in), 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 director in advance.*

Extended Day Fees:

Extended day fees are payable in one lump sum, monthly or weekly. Please notify the director of your preference or if you need a special date for submission.



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. You can drop these off with staff or with the director when you bring your child.



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

Signed: _____ Date: _____

** If you have questions, please contact Tami Hemp (FPCP director) at (540) 949-8366 or preschool@firstpresway.org.