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**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.*

**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.*

**JUNE CAMPS**

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

## 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:

### A logo with a cross and handprints  Description automatically generated

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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:

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***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 **newpaper 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 occur 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.