

Aldersgate Christian Preschool
14230 S. E. Newport Way ~ Bellevue, WA 98006
425-562-0433
Web site - acpreschool.com
E-mail - acp_aumc@msn.com



2016 SUMMER DAY CAMP

Come join us for a summer of fun!

For children ages 3 years through graduates of First Grade

Our themes for this summer are:

June 20-23 Camping/Nature/Wetlands

June 27-30 Insects/Reptiles/Amphibians

July 11-14 Jungle/Rain Forests/Savannas

July 18-21 Oceans/Sea Life/Aquatic Birds

July 25-28 Vacation Bible School - offered through Aldersgate
United Methodist Church

*There is a different fee and registration process for Vacation Bible School
Please contact Aldersgate United Methodist Church directly*

9:30 AM to 1:30 PM Monday through Thursday.
Weekly Fee \$150

Registration begins May 2nd



Today's Date: _____

Aldersgate Christian Preschool
14230 SE Newport Way
Bellevue, WA 98006
(425) 562-0433

2016 Summer Registration

Child Name: _____
(Last) (First)

Current ACP student, please list 2015-16 teacher: _____

New or returning camper: Provide registration form. Current Age & Birthdate _____

			Select X	TOTAL \$
Camping/Nature/Wetlands	Week 1	9:30-1:30		\$150.00
Insects/Reptiles/Amphibians	Week 2	9:30-1:30		\$150.00
Jungle/Rain Forests/Savannas	Week 3	9:30-1:30		\$150.00
Oceans/Sea Life/Aquatic Birds	Week 4	9:30-1:30		\$150.00

Total due now*:

*Full payment is required with this registration form and the fee is non-refundable.

Camper Sign-up Instructions:

Age Requirement: Camper must be 3-years old by August 31, 2016 - First Grade graduates (15-16 school year)

Select requested weeks and total amount due. Please note that there are no refunds for non-attendance.

Campers will participate in indoor and outdoor activities throughout the day so please pack extra clothing, a lunch (with an ice pack if perishable food), and apply sunscreen before camp day begins. A healthy snack will be provided.

Return this form to the preschool office on or before Monday, May 2, 2016. Please keep a copy for your records.

Date	Amount	Check #/Cash	Spreadsheet	Database	
				Billed/Signup	Assign/Roster
Class assigned: Red Yellow Blue					
				Database	
			Spreadsheet	Billed/Signup	Assign/Roster



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(please print with blue or black ink)

Child's Information

LAST FIRST (name to be used at school) Male Female Birthdate_____

List previous group experiences/schools attended_____

Parent/Guardian Information

Mother's Name:_____ Father's Name:_____

Child's Home Phone#:_____ Child's Address:_____
(Street) (City) (Zip)

Mother's Cell Phone_____ Father's Cell Phone_____

Mother's Work Phone_____ Father's Work Phone_____

Mother's Occupation/Company_____ Father's Occupation/Company_____

Primary Email (to be used for all school communications)_____

Primary Phone # (to be used on the class roster and the best way to reach a parent while your child is at school)_____

Persons that are **authorized to pick up your child** (other than parents & emergency contact, list as many as necessary)

Name_____ Relationship to child_____ Phone#_____

Name_____ Relationship to child_____ Phone#_____

Name_____ Relationship to child_____ Phone#_____

Local Emergency Contact (this person needs to be someone other than the parent and who is authorized to pick up your child or who may be contacted regarding your child in the event parents cannot be reached)

Name_____ Relationship to child_____ Primary Phone#_____

Family Information

Primary language spoken at home_____ Siblings and their ages living at home_____

School district in which you reside_____ Church Affiliation_____

Medical Information

Does your child have any **food, medication or environmental allergies?**

NO___ YES___ Select all that apply: Food___ Medication___ Environmental___

If yes, please list and explain:_____

Does your child require an **Epipen**? NO___ YES___ *If Epipen is required, please fill out "Medical Consent" form in the ACP office.

Does your child have any **special health or medical condition** that the ACP staff would need to be aware of? NO___ YES___

If yes, please list and explain:_____

Please list below any additional information regarding your child that would be useful for our teaching staff to know such as known fears, eating, sleeping and toileting habits:_____

Medical Release

In the unlikely event that your child has an injury or medical emergency at school, every effort to reach both parents and the emergency contact are made. If parent/guardian or emergency contact cannot be immediately contacted, I hereby authorize the ACP staff to provide my child with basic first aid, including CPR and to obtain emergency medical treatment to be performed by a licensed physician at the hospital in order to safeguard the health of my child. I further give my permission to have my child transported by ambulance/aid car and taken to an emergency center/hospital for treatment as necessary.

Parent Signature:_____ Printed Name:_____ Date:_____