



2018 Summer Camp Registration

Little Blessings Preschool & Kindergarten
 11805 S. Pine Drive Parker, CO 80134
 720-204-4420, 720-204-4423
tricia@parkerumc.org, candi@parkerumc.org

- Registration is on a first come first, served basis and will continue until the classes are full.
- To attend summer camp, children must be 30 months old by June 1, 2018. We welcome children up to age 8.
- Summer camp will be offered at our Main Campus and Plaza Campus locations. **With extended hours available at our Plaza location only. 9:00 – 5:00**
- 2 & 4 day a week 9:00 am – 1:00 pm options available
- Payment for camp must be submitted **1 week prior** to start of your chosen camp/camps.
- Sibling discount available
- \$25 per child special program and supply fee for summer camp (not a weekly fee) due by May 15, 2018 or upon registration.
- **For Plaza campus registration sheet please come see Preschool Office.**

Camp Weeks at Main Campus

June 2018	Theme	July 2018	Theme
Week 1 June 4 – 8	Sports	Week 5 July 2 – 5	Closed for holiday
Week 2 June 11 – 14	Camping	Week 6 July 9-13	Science & Outer Space
Week 3 June 18 – 21	Circus	Week 7 July 16-19	Animals
Week 4 June 25 – 28	VBS – Drop in only 9-1	Week 8 July 23-26	Water & Pirates

Main Campus options and prices

Monday & Wednesday 9:00 – 1:00	\$85
Tuesday & Thursday 9:00 – 1:00	\$85
Monday – Thursday 9:00 – 1:00	\$170
VBS week Drop in Monday – Friday 9:00 – 1:00	\$10/hr one child \$12/hr two children





Supplies

Please drop your child off at camp with a water bottle, morning snack and lunch each day.

Please remember that we are a nut free facility.



Sunscreen

Please apply sunscreen to your child daily before drop off at camp. If your child stays for Extended Care Little Blessings staff will reapply sunscreen to children at 1:00 pm. We use NO AD Sun Care SPF 50 Kids brand.

***Please fill out the registration form below with the names and birthdates of all children who will be attending camp. ***

Please list all weeks of camp along with which days your child will attend. i.e.: Week 3 MW, Week 7 M-TH

Child's Name: _____ DOB: _____ Week/s & days attending: _____

Child's Name: _____ DOB: _____ Week/s & days attending: _____

Child's Name: _____ DOB: _____ Week/s & days attending: _____

Child allergies or health concerns: _____

Parent name: _____ email: _____

Mailing address: _____

Primary #: _____ Secondary # 2: _____

Admin Only:

Special Program Fee: _____

Emergency Card: _____