



**Middletown Cooperative Preschool**

## **MCP Summer Camp Registration**

Summer vacation is a time for fun, friends and getting messy!! What better place to do all these things but at MCP!!! We will be holding camp for 3 weeks. One week sessions at a time. Each week will provide a special theme, which will allow the children to explore and have new experiences, while being in a loving environment. Children will enjoy water play, healthy snacks, crafts, peer interactions and new adventures daily.

**\*Hours 9AM-1PM**

**\*Snacks will be provided daily**

**\*Must provide a bag lunch daily and a water bottle.**

**\*Ages 3-5yrs. Old (3 by 12/17)**

**\*Must be toilet trained**

**\*Must provide current physical**

**\$117 per week tuition**

\*A \$25 non-refundable registration fee is required to secure your child's spot in the camp.

- A second child discount of \$15 will be applied to a sibling(s).
- Refer a friend and you receive a \$10 discount for the week they are at camp.
- Tuition for camp are due by **May 1**.

Please send payments to::MCP 440 West St. Middletown CT 06457 Att: Gladys Hartzell

### **Choose Your Week(s)**

- June 12-16: Animals Week I
- June 19-23: Messy Scientist Week II
- June 26-30: Dinosaur Week III

In house or out in the community field trips may be taken during the camp weeks, for a small additional fee.

Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ DOB: \_\_\_\_\_

# Information Sheet

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

—Parent Name: \_\_\_\_\_  
Phone Number; \_\_\_\_\_ Work \_\_\_\_\_  
Email: \_\_\_\_\_

—Parent Name: \_\_\_\_\_  
Phone Number; \_\_\_\_\_ Work \_\_\_\_\_  
Email: \_\_\_\_\_

Please Indicate which parent is the primary contact.

## Emergency Contact

In the event a parent (s) can not be contacted, please provide emergency contacts.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

People allowed to pick-up my child other than myself.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## Medical Information

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Concerns: \_\_\_\_\_

I have provided my child's most current health assessment.

I understand that I need to send my child with sunscreen.

## **Additional and Important Information**

-Each child must be sun screened prior to the parent leaving camp.

-Each child should be in their bathing suit and water shoes at drop off time. Dry clothing can be left in their cubby.

-Must provide your own towel and change of clothes.

-Must provide a lunch and water bottle from home.

-Camp starts at 9AM ends at 1PM.

-Must be ready to have fun and be silly!!!

How did you hear about us \_\_\_\_\_

Did You Recommend A Friend? Y N Name: \_\_\_\_\_