



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-Extended Hours 1-3 (For additional fee)**

***Snacks will be provided daily**

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

***Ages 3-5yrs. Old (3 by 12/18)**

***Must be toilet trained**

***Must provide current physical**

\$120 per week tuition

\$15 per day for Extended Day

*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 11-15:

____ Extended Day

Animals Week I

M T W Th F

____ June 18-22:

____ Extended Day

Bug/ Science Week II

M T W Th F

____ June 25-29:

____ Extended Day

Dinosaur Week III

M T W Th F

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: _____