

Dunwoody Baptist Preschool

SUMMER CAMP 2008 REGISTRATION FORM

For children ages 2 years by June 1, 2008 through Completion of Kindergarten, 2008

Child's Name _____

Date of Birth _____ Age as of 6/1/08 _____

Parents' Names _____
First and Last Names

Address _____
Street City State Zip

MOTHER:

Phone (Home) _____ (Business) _____

Cell Phone _____

FATHER:

Phone (Home) _____ (Business) _____

Cell Phone _____

EMERGENCY CONTACT

Name _____ Relationship to child _____

Telephone Number(s) _____

CAMP SESSIONS REQUESTED

****You may sign up for one or more weeks. All camps are Monday - Friday.**

Hours are 9:30 - 1:30. Cost is \$185.00 per week.

Ages two yrs as of 6/1 thru completion of Kindergarten, 2008

PLEASE SEND LUNCH FOR YOUR CHILD. SNACKS ARE PROVIDED.

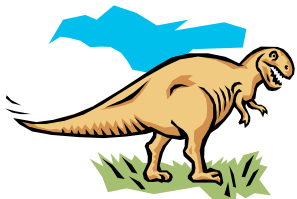
CAMP FEES ARE NON-REFUNDABLE BUT TRANSFERABLE TO ANOTHER WEEK;

PLEASE CHOOSE DATES CAREFULLY!

_____ **Week 1: June 2-6 Desert Oasis: Help Wile E. Coyote and Roadrunner explore the desert. Meet their friends - camels, bobcats, javelinas (pigs), snakes, and scorpions. Watch out for that cactus!**



_____ **Week 2: June 23 - 27 Dino-mite Dinosaurs: Travel back to a time when dinosaurs roamed the earth...Discover which dinosaur was as big as a bus. Do you know why the T-Rex had such short arms? Let's find out!**



_____ **Week 3: July 14 - 18 Silly Sensational Science: Be a mad scientist and bend light and objects with water, build your own erupting volcano, and create your own goop!**



_____ **Week 4: August 11 - 15 Trip To Seussville: Visit the fun and wacky world of Dr. Seuss as we celebrate the Cat in the Hat's 50th Birthday! Wear your craziest hat on Hat Day!**



Please list ALL individuals who have permission to pick-up child from camp.
NO ONE ELSE WILL BE PERMITTED TO PICK-UP YOUR CHILD WITHOUT YOUR WRITTEN PERMISSION.

1. _____

2. _____

3. _____

ALLERGIES (FOOD, INSECTS, ETC.)

EMERGENCY RELEASE

In case of any injury or illness, I agree that Dunwoody Baptist Preschool will first try to reach me by telephone. If Parent or an emergency contact person is unavailable, then I give permission for my child to be transported and treated by Emergency Medical personnel (911). The hospital of choice is Children's Healthcare of Atlanta at Scottish Rite. I agree to assume responsibility for all medical costs.

Signature of Parent/Guardian: _____ Date: _____

Camp Week	Camp Theme	Amount Paid	Check#/"\$"
#1	Desert Oasis		
#2	Dino-mite Dinosaurs		
#3	Silly Sensational Science		
#4	Trip to Seussville		