

Zion Wee School Summer Camp 2018

We are excited for another year of fun during our summer camp at Zion Lutheran Church & Preschool! Your child will participate in music, crafts, indoor and outdoor play, and bible stories. Zion Wee School summer camp is open to one and two year old children. Your child must be fully walking to attend. Each child will need to bring a full change of clothes (including shoes if they are potty training), diapers, wipes, water bottle, and snack. If your child will be staying for extended care, they also need a lunch. ALL ITEMS NEED TO BE LABELED WITH THEIR FIRST AND LAST NAME.

Please fill out a separate registration form for each child. Additional forms are available in the preschool office. A \$75 non-refundable registration is due at the time of registration. The hours are 9:00am-12:00pm at a cost of \$90 per week. Monday/Wednesday/Friday is \$70 per week and Tuesday/Thursday is \$50 per week. Extended care is available from 12:00-2:30 at a cost of \$16.50 per day. Payment is due the Thursday BEFORE your child attends camp by 9:00am. If we do not receive your payment by this time, your spot will be given to a child on the waiting list.

NO CAMP THE WEEK OF AUGUST 6-10. SCHOOL STARTS AUGUST 13TH.

REGISTRATION BEGINS FOR CURRENTLY ENROLLED FAMILIES
APRIL 2ND AT 8:45AM. REGISTRATION WILL BE OPEN TO THE
PUBLIC ON APRIL 16TH.

Child's Name: _____
 Child's age: _____ Date of birth: _____
 Last school grade completed: _____

Please check the box of weeks your child will be attending and circle the days. You can choose Tuesday/Thursday, Monday, Wednesday, Friday, or every day.

- My child will be attending camp every week (June 11- Aug 3)
- June 11-15 Ocean/Under the Sea MWF TTh M-F
- June 18-22 Superhero MWF TTh M-F
- June 25-29 Circus/Carnival MWF TTh M-F
- July 2-6 America (closed 7/4) MWF TTh M-F
- July 9-13 STEM MWF TTh M-F
- July 16-20 Lego MWF TTh M-F
- July 23-27 Zoo Animals MWF TTh M-F
- July 30-Aug 3 Pirate & Princess MWF TTh M-F



Zion Lutheran Church & School Food Activities Permission Form

DCF requires that we have written permission in your child's student file for them to participate in school activities that contain food products. In order for your child to participate, we must have this form signed and on file.

In our preschool environment, we learn through play. At times, we learn through food crafting, experimenting with food products, and celebrate holidays and special occasions with food. In order for your child to participate in these classroom learning activities, we must have your permission.

I _____ give permission for _____
(parent/guardian) (student)

To participate in classroom projects and celebrations that use food products and where food products will be consumed. My child's allergies, etc. have been made known in writing to Zion New Life Preschool and my child's teacher is aware of what my child can and cannot consume.

I _____ DO NOT give permission for _____
(parent/guardian) (student)

to participate in classroom projects and celebrations that use food products and where food products can be consumed.

Signature

Date



**State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT**

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____
 Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ /Cell: _____ Work Phone: _____ /Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date