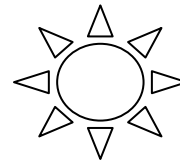




SUMMER CAMP 2012



GRAND AVENUE PRESCHOOL SUMMER CAMP ENROLLMENT

Child's Name _____

Birth Date _____

Parent's Names _____

Cell/Pager # _____

Address _____

Home Phone # _____

Father's Employment _____

Work Phone # _____

Mother's Employment _____

Work Phone # _____

Emergency Contact _____

Emergency Phone # _____

Child's Doctor _____

Doctor's Phone # _____

Allergies and/or restrictions _____

E-Mail _____

Please put an X by the session(s) you would like to request. We will return this form to your confirming your camps. Sessions are Tuesday, Wednesday, and Thursday for two consecutive weeks.

A.M. 9:00 a.m. -- 11:30 a.m. **P.M. 1:00 p.m. -- 3:30 p.m.**

REQUESTED

CONFIRMED

____ Session 1 - June 5, 6, 7 & 12, 13, 14

GAP Camps Out!

____ Session 2 - June 19, 20, 21 & 26, 27, 28

Reptiles Rock!

____ Session 3 - July 3, 4, 5 & 10, 11, 12

Stars & Stripes Forever

____ Session 4 - July 17, 18, 19 & 24, 25, 26

Author Alborough is Awesome

____ Session 5 - July 31, Aug. 1, 2 & 7, 8, 9

Last Blast of Summer

Please enclose \$120 per session. For new students, an Authorization for **Emergency Medical Care and My Child's Biography** are enclosed and must be returned by the first day of camp. If we already have your form on file, but you need to update it, please come into the office for a new form. All forms must be on file by the first day of camp. T-shirts will be given to the children on their first day of attendance.

A few notes about camp: Please send school bags everyday and have your child wear comfortable, safe shoes—please, NO sandals or clogs except on swim suit days. If sunscreen is needed, apply to your child before dropping them off at camp. On the first day of each camp, every family will be issued a "car line" letter or number to be used for picking up their child/ren. There will be no refunds due to cancellations unless we are able to place another child in your child's spot. We look forward to seeing your child in camp. If you have any questions, please call the office.

Western Springs (708) 246-2270

Mary Rizzardini

JoAnn Buralli

OFFICE USE ONLY:

PAID check # _____ in the amount of \$ _____ date _____

***This is an acknowledgement of your payment and your confirmed summer camp sessions.**