

Summer Adventure Camp Enrollment Form



To Enroll: Please PRINT, COMPLETE AND MAIL

With Payment TO: Hilltop Preschool 7612 Wanyamala Rd. Henrico, VA 23229

Ages 3 – 6 yr. old **Camp hours: 9am-Noon** **Days: M-TH** (except Week #1 is T-F)

Child's Name _____ Age _____ Birth Date ____/____/____

Address _____ City _____

Parent(s)/Guardian(s) _____

Contact Phone #1 _____ Contact Phone #2 _____

ALLERGIES? YES NO If yes: _____ Addl info _____

Email (for camp confirmation/info only) _____

How did you hear about us? ☺ _____

✓ MARK YOUR CHOICES:

____ Week #1 (May 29-June 1) **Disney's World**

____ Week #7 (July 16 - 19) **Super Hero Boys & Girls**

____ Week #2 (June 4 - 7) **A Bug's Life**

____ Week #8 (July 24 - 27) **Mischievous Minions**

____ Week #3 (June 11 - 14) **PIRATE'S INVASION AHoy!**

____ Week #9 (July 30 - Aug 2) **CIRCUS FUN!**

____ Week #4 (June 18 - 21) **Paw Patrol**

____ Week #10 (Aug 6 - 9) **DINOSAUR ROAR**

____ Week #5 (June 25 - 28) **Rainforest Adventure**

____ Week #11 (Aug 13 - 16) **COMMOTION IN THE OCEAN**

____ Week #6 (July 9 - 12) **S'more Fun Camping**

____ Week #12 (Aug 20 - 23) **WILD WEST EXPLORERS**

_____ # of weeks attending

X \$65.00 per week = \$_____ Due (checks or cash/sorry no credit cards. Do not mail cash)

(payment due at least one month before camp date or upon enrollment if within one month. Priority given to those paid)

Hilltop Preschool takes extreme care and all precautions to prevent any injuries of the children, but at times, accidents do happen. In the event of an accident or emergency situation, routine first aid will be administered when needed. If first aid is necessary (other than a hug and/or band aid), an accident report will be completed and given to the parent to sign at the end of the camp day. In case of a major emergency, the staff will notify the parents, 911 may be called, and an emergency contact called.

I, the parent/guardian agree not to hold Hilltop Preschool/West Richmond Church of the Brethren, responsible for any accidents that may happen while our child is at Camp. I give Hilltop Preschool Staff my approval/permission to obtain medical treatment/hospitalization. I understand I will pay all expenses occurred (covered by insurance or not).

I also agree not to send my child to camp with an illness, fever, vomiting that has occurred within 24 hours of camp. If my child becomes ill at school, I agree to pick up as soon as possible. Returned check fees will be paid by enrollee.

I understand and agree to all of the above.

Signature _____ **Date** _____