

# FIRST UMC • THE GROWING PLACE SUMMER CAMP 2018

## "A Purrrrrfectly Awesome Summer"

### Movin' and Groovin' with Pete the Cat

Based on books by James Dean and Eric Litwin

#### **SESSION I** JUNE 18-JULY 6 (CAMP WILL BE CLOSED Wednesday JULY 4th)

**Week 1** More Friends! More Fun!

**Week 2** It's All Good

**Week 3** Every Day's a Holiday

#### **SESSION II** JULY 9-JULY 27

**Week 4** Rockin' Thru the Week

**Week 5** It's Cool to Be Brave

**Week 6** Groovie Ideas

#### **REGISTRATION INFORMATION**

**Registration Begins:** Wednesday, April 4, 2018

**Registration Deadline:** Until Full.

**Registration Fee:** \$50 per child

**Camp Tuition Deposit:** 50% of camp tuition per child

- Registration & Camp Tuition Deposit are due upon enrollment
- Registration & Camp Tuition Deposit are non-refundable and not transferable
- Balance of Camp Tuition is due on or before June 18<sup>th</sup>, 2018
- Check payments should be made payable to **FUMCCG** (First United Methodist Church of Coral Gables).
- Credit Card payments are available for families currently enrolled in Tuition Express.
- **Early Morning Care (7:30-8:45) is available for a flat fee of \$25 per week.**

**Morning Snack is Included - Lunch to be Sent from Home for Both Options**

**Fridays-Pizza Day (optional)  Prepay - Cost per session:**

**Option A: One(1) Slice-\$10      Option B: Two(2) Slices-\$15**

**Each option also includes fruit, water, and Two(2) Oreo cookies.**



<b>Tuition:</b>	<b>Registration</b>	<b>Session I</b> JUNE 18-JULY 6	<b>Session II</b> JULY 9-JULY 27	<b>Both Sessions</b>	<b>Weekly Rate*</b>
<b>Option 1:</b> 9:00am-12:30pm	\$50	\$450	\$450	\$850	\$200
<b>Option 2:</b> 9:00am-3:00pm	\$50	\$525	\$525	\$1000	\$225

\* Camp **is not** available on a weekly basis. In order to add on additional weeks at the weekly rate, children must be enrolled for at least one full session.

**Camp Activities include:** Water Play; Messy Play; Arts and Crafts; Cooking; Wacky Science; Music and Movement; Hip Hop; Yoga; Kidokinetics; Gymnastics; Library/Story Time; Special Visitors; and Activities Related To Our Weekly Themes. All activities provided are age and developmentally appropriate.

536 Coral Way • Coral Gables, Florida 33134 • Phone: 305-446-0846 • FAX: 305-446-6339

Corina Dekker, Director • email: cdekker@fumccg.org

**APPLICATION FORM (Please Circle your Choices)**

Session One JUNE 18-JULY 6	Session Two JULY 9-JULY 27	Both Sessions	Additional Week(s)		Pizza
9:00am-12:30pm	9:00am-12:30pm	9:00am-12:30pm	1 2 3	4 5 6	Option A
9:00am-3:00pm	9:00am-3:00pm	9:00am-3:00pm	1 2 3	4 5 6	Option B

**CHILD'S LAST NAME:** \_\_\_\_\_

**CHILD'S FIRST NAME:** \_\_\_\_\_

**CHILD'S DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** Boy Girl

**Current Age Group at TGP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PARENT (1):** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**PARENT (2):** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**CHILD'S DIAGNOSED ALLERGIES OR OTHER SPECIAL HEALTH CONCERNS/NEEDS**

\_\_\_\_\_

**IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**PERSON(S) AUTHORIZED FOR PICK UP WITH VALID I.D:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**FLORIDA DEPARTMENT OF FAMILIES (DCF) REQUIREMENTS**

**I/We,** \_\_\_\_\_

**Have received the following information from The Growing Place:**

- 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).
- 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Registration <b>PAID:</b>	Check # _____	Date Rec'd _____	Amount: _____	TX
Camp Tuition Deposit <b>PAID:</b>	Check # _____	Date Rec'd _____	Amount: _____	TX
Camp Tuition Balance <b>PAID:</b>	Check # _____	Date Rec'd _____	Amount: _____	TX
Early Morning Care <b>PAID:</b>	Check # _____	Date Rec'd _____	Amount: _____	TX
Pizza <b>PAID:</b>	Check # _____	Date Rec'd _____	Amount: _____	TX