

Summer Fun



Hickory Grove United Methodist Preschool!

July 22-26, 9:00 a.m. - 2:00 p.m.

Arts, Crafts, Stories, Games, Music and lots of Outside Play

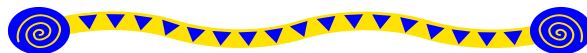
Ages 2—Kindergarten (completed)

(must be 2 by August 31, 2019 or have completed the 1's program at HGUM Preschool)

Cost: \$ 150

(\$10 deduction for 2nd child in family)

Registration deadline-Thursday, June 27, 2019



To register:

1. Complete the registration form and emergency contact form - also available at www.hgumc.com (click on preschool link) and by the director's door.
2. Attach payment
3. Return to Sharon Freeze, Preschool Director
6401 Hickory Grove Road
Charlotte NC 28215

There must be a minimum of 6 children in each class to enable us to offer this program. Some ages may be combined to fill a class. Send a lunch with your child each day. Completed registration form and payment are required to hold a space. Fees must be paid in advance. Fees are non-refundable and cannot be prorated. Your child's account must be in good standing in order to register for Summer Camp.



Hickory Grove United Methodist Preschool

6401 Hickory Grove Road

Charlotte, NC 28215

704-537-4658

Sharon Freeze, Director

preschool@hgumc.com

Summer Fun Camp 2019 Registration Form

Today's Date: _____

Child's Name: _____ Birthdate: _____ Gender _____

Name child prefers to be called: _____

Current Address: _____

City: _____ Zip: _____

Best Email (camp info will be send week prior to camp): _____

Mother's Name : _____ Home/cell #: _____

Business Name and Phone: _____

Father's Name : _____ Home/cell #: _____

Business Name and Phone: _____

Emergency Contacts (other than parents):

1. _____ Relation _____ Home/cell #: _____

2. _____ Relation _____ Home/cell #: _____

Health Information:

Summer Fun camp at HGUMP will involve both vigorous and quiet indoor and outdoor play. HGUMP requires you to provide the following health statement.

- Are immunizations current? Yes _____ No _____ If no, please explain _____
- Does your child take medication regularly? Yes _____ No _____ If yes, please explain _____
- Know allergies? Please list and describe reaction _____
- EpiPen required? Yes _____ No _____ If yes, Authorization to give Emergency Medication form must be signed by doctor

Photo Release:

I agree that my child's photo may be taken and used on the church and/or preschool website, Facebook, or in brochures, newsletter, and in hallways within the preschool.

Parent Signature _____

I understand that my child will only be released to one of the persons listed above unless written consent is given. Pickup time from camp is at 2:00! I agree to make sure my child is picked at this time. I will make every effort to call the preschool office at 704-537-4658 if an unavoidable occurrence happens. **After 2:00** I understand that the late fee will be \$2 per minute. I will pay this fee upon arrival. My child may NOT return to camp until this fee is paid.