

SUMMER CAMP- ORIENTATION

March 25, 2010

Dear Parents,

This year Holy Martyrs A.R.S. Ashkhen Pilavjian Preschool wants to take your child through a summer of fun, friendship and adventure. Your child will participate in many activities such as arts and crafts, music and movement, water play, the outdoors, and daily storytelling. A certified water safety swimming instructor will teach swimming to three, four and five year olds on a daily basis for one hour. We will be serving three full meals of breakfast, hot lunch and snacks/ frozen yogurt.

Summer Camp Dates

1st week	July 5-9
2 nd week	July 12-16
3 rd week	July 19-23
4th week	July 26 -30

Hours

9:00 a.m. - 3:00 p.m.

7:30-9:00 a.m.	Complimentary extended day care
3:00 – 5:30 p.m.	Complimentary extended day care

Tuition

Tuition for summer camp program is \$170.00 per week; breakfast, lunch and afternoon snack will be included. Tuition must be paid in advance and in full at the time of registration. Tuition is non refundable.

Registration Fee

A \$50 (non-refundable) registration fee is required to register for the summer camp.

For students who do not attend Holy Martyrs A.R.S. Ashkhen Pilavjian Preschool, a \$100 (non-refundable) registration fee is required.

Registration for summer program will extend through May 7, 2010. Please complete the next page, and return it to the office.

Preschool Administration

SUMMER CAMP REGISTRATION FORM

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Age Group the student will be attending in Sept. 2009 _____

Address _____
Street City Zip Code

School Last Attended _____

Home phone _____ Mother's work _____, Mobile _____

Father's work _____, Mobile _____ other _____

Emergency Contacts _____, _____
Name/ Phone Number Name/ Phone Number

Allergies _____ Illnesses / Medical Conditions _____

Pediatrician _____ Phone _____

My child will attend summer camp in the following weeks:

Please check the boxes

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- 1st week July 5- 9
- 2nd week July 12 - 16
- 3rd week July 19 - 23
- 4th week July 26– July 30

Parent Agreement - Please Read and Sign

I AGREE:

1. That there will be no refunds due to absence or withdrawal in tuition or registration.
2. To sign and return all emergency medical forms prior to the start of the session
3. In case of emergency, I hereby give my permission to Holy Martyrs ARS Ashkhen Pilavjian Preschool to treat my child and to make necessary referrals to private physicians or other community facility as indicated.
4. To allow my child's photograph to be used by the school for publicity purposes.

Parent's Signature _____ Date _____