

MILLBROOK BAPTIST KINDERGARTEN

WEE CAMPERS 2010

9:00 A.M. – 1:00 P.M.

CAMP FEE:

Sessions I & V – \$97.00 PER SESSION

Session III – \$81.00 PER SESSION

SESSION I – JUNE 7th – 18th (M-W-F of each week)

“ENDANGERED SPECIES”

Pandas, eagles and elephants. Oh My!

Let’s have fun finding out which animals are endangered.

SESSION III – JULY 6th – 17th (M-W-F of each week)

“THE SKY”

Look up in the sky and what do you see?

Birds and planes and other colorful things.

SESSION V – AUGUST 2nd – 13th (M-W-F of each week)

“COMMOTION IN THE OCEAN”

There’s a Commotion in the Ocean! Come and see what it’s all about.

**Learn with us as we discover creatures of the sea, from starfish and
seahorses to TREASURES from oysters.**

MILLBROOK BAPTIST KINDERGARTEN

1519 EAST MILLBROOK ROAD
RALEIGH, NORTH CAROLINA 27609-4888
TELEPHONE 919-876-4030

WEE SUMMER CAMP

(Please circle desired session/s)

Session I

June 7th-18th (M-W-F of each week)

Session III

July 6th-17th (M-W-F of each week)

Session V

Aug. 2nd-13th (M-W-F of each week)

Child _____ Name Used _____

Sex: M() F() Date of Birth: Month _____ Day _____ Year _____ Age _____

Address _____

City _____ State _____ Zip _____ E-Mail: _____

Phones: Home _____ Father's Cell _____ Mother's cell _____

Father's Name _____ Occupation _____

Employed by _____ Phone _____

Mother's Name _____ Occupation _____

Employed by _____ Phone _____

In case of medical emergency, when neither parent is available, call: (Please give the name of a relative or neighbor living close by.)

Name _____ Phone _____

Name _____ Phone _____

Other children in family: Brothers: _____ Sisters: _____ Ages: _____

Previous School Experience: _____

List any allergies your child has: _____

List any physical problem of which teacher should be aware: _____

I give Millbrook Baptist Kindergarten my permission to obtain emergency attention for the child named above. I prefer my child be taken to _____ Hospital, if required. I understand that emergency transportation will normally be by ambulance and that I will be billed for this service.

Parent or Guardian: _____

Please list any comments or special concerns which would help us in working with you and your child.

Parent or Guardian: _____

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RALEIGH, NC 27609
919-876-4030

Wee Campers

Dear Parents,

Registration is now open for our 2010 WEE CAMPER PROGRAM. Please read the descriptions and dates of each session. Fill out and return the enclosed registration form indicating the session or (sessions) for which you wish to enroll.

The fee is \$65.00 per session and is due with your application form and is non-refundable.

Enrollment will be on a first come basis. The program is open to children age Two years old by August 31.

CUT HERE AND SAVE

IMPORTANT INSTRUCTIONS FOR ALL SESSIONS OF CAMP

1. **Camp doors open at 9:00 a.m. If you arrive early, please enjoy the playground.**
2. **A mid-morning snack will be provided each day.**
3. **Each child will BRING THEIR OWN LUNCH - MILK will be provided for lunch. Please do not send beverages.**
4. **Dress your child in comfortable clothes. PLEASE WEAR TENNIS SHOES OR ENCLOSED TOE SHOES FOR SAFETY.**
5. **Carpool numbers will be assigned the first day of camp.**
6. **A list of items needed may be given to you on the first day of camp if this applies.**

We look forward to having your child as a part of our summer program. This will be a delightful way for your child to spend four hours during a summer day.

Donna P. Tunstall
Director