

NORTHWOOD SUMMER CAMP

THE FUN BEGINS May 29th – August 10th

At Northwood Presbyterian Church

Join us for a summer of adventure and learning!



Northwood's Summer Program is an active summer experience. Our experienced staff will provide your child with engaging activities in a safe and caring environment. Your child will enjoy a full-size air conditioned gymnasium for sports and games, two weekly field trips or more, weekly activities when on site which include cooking, music, crafts, games, and structured activities as well as free choice time. We have been providing summer fun for 30 plus years. Register Now! Choose your weeks or join us for the entire summer!

One time registration fee \$30.00

\$120 per week (includes \$25 activity fee) \$10 discount for 2nd child

7 a.m.- 6 p.m.

Ages 5-12 (must have completed kindergarten)

2875 SR 580

Clearwater, FL. 33761

727-723-7679

727-455-3976

Email: childrensministry@northwoodpc.org

***Additional transportation fees may be collected for field trips**

Below is a list of weeks for Summer Camp 2018. **Please circle the weeks you would like your child to attend.** Spaces will be filled on a first come first serve basis. To attend you must pay the tuition on the first day of each week that you chose. You are responsible for all fees for the weeks you choose, regardless of attendance. Summer Camp operating hours are 7:00 a.m. to 6:00 p.m. If you have any questions, please call us at 727-455-3976 or email childrensministry@northwoodpc.org.

<u>Week 1</u>	<u>May 29 – June 1</u>	
"Summer Kick Off"	5/30 – Onsite water play 6/1 - Aquatic Center Highland Rec.	# of Children _____
<u>Week 2</u>	<u>June 4 – June 8 (VBS Week)</u>	
VBS 9-12 daily	6/6- Philippe Park 6/8 – Maple Lanes Bowling	# of Children _____
<u>Week 3</u>	<u>June 11- June 15</u>	
	6/12 – Play World & Aquatic Center Highland Rec. 6/13 - Gymnastics 6/14 – Florida Aquarium	# of Children _____
<u>Week 4</u>	<u>June 18 – June 22</u>	
	6/18 – Air heads 6/20 – Astro Skate 6/22 – John Chestnut Park	# of Children _____
<u>Week 5</u>	<u>June 25 – June 29</u>	
	6/26 – Rays Game 6/27 – Gymnastics 6/28 – CC’s Pizza	# of Children _____
<u>Week 6</u>	<u>July 2 – July 6</u>	
July 4 th no camp	7/5 Sandkey Beach day 7/6 Narrows	# of Children _____
<u>Week 7</u>	<u>July 9 – July 13</u>	
	7/9 – Movies(TBD) 7/11 – Rays Game 7/12 – Dolphin Beach Cruise	# of Children _____
<u>Week 8</u>	<u>July 16 – July 20</u>	
	7/17 – Lowry Park Zoo 7/18 - Gymnastics 7/20 - Altitudes Trampoline Park	# of Children _____
<u>Week 9</u>	<u>July 23 – July 27</u>	
	7/23 – Celebration Station 7/25 – Buccaneer Bay 7/27 - Play World & Aquatic Center Highland Rec.	# of Children _____
<u>Week 10</u>	<u>July 30 – Aug 3</u>	
	8/1- Gymnastics 8/2 – Moccasin Lake 8/3 - Play World & Aquatic Center Highland Rec	# of Children _____
<u>Week 10</u>	<u>Aug 6 – Aug 10</u>	
	8/7- Horse Power for kids 8/8 - Gymnastics 8/10 – MOSI	# of Children _____

Please sign on the next page

Child(ren) Name: _____ Parent Name: _____

Parent Signature: _____ Date: _____

Email: _____ Your signature on this form means you understand and agree to abide by the policies set forth by Northwood Child Care. You will be given a copy of your week choices to assist you in your planning.

Each month we will have certain days that will be "Lunch Days", we will give you notice on the days that you will not need to provide lunch. Thank you for signing up and allowing us to entertain your children for the summer weeks.



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____

First

Middle

Last

Sex _____ Birth Date _____

Child's preferred name/nickname _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone _____ Cell Phone _____

Parent's name _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

**My signature below verifies that:
I give permission to consult the child's physician/health resource listed above in case of emergency if
parent/legal guardian cannot be reached.**

**I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the
children's center discipline policy.**

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)