



10 weeks of fun in the sun: Ages 5 to 12

June 21 to August 26, 2022

Registration Fee \$380.00 per Child Non-Refundable













Camp weekly fee is \$325.00



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|---|---|--|--|--|
| Monday 20 Week #1 | Tuesday 21 | Wednesday 22 | Thursday 23 | Friday 24 |
| Center Closed  | National Museum of African American History & Culture  | Cooking Project making Sugar Cookies  | Swimming Day at the pool  | Welcome and introductions To summer camp. Create team Banner  |
| Monday 27 Week #2 | Tuesday 28 | Wednesday 29 | Thursday 30 | Friday 1 July |
| Art & Craft Making face mask  | Butlers Orchard Pick Your Own Fruit  | Cooking Project making Brownies  | Swimming Day at the pool  | Slip 'N' Slide Splash Day  |
| Monday 4 Week #3 | Tuesday 5 | Wednesday 6 | Thursday 7 | Friday 8 |
| Center Closed  | Fieldtrip to DC. Zoo  | Cooking Project making Cup Cakes  | Swimming Day at the pool.  | Moon Bounce for the Day  |
| Monday 11 Week #4 | Tuesday 12 | Wednesday 13 | Thursday 14 | Friday 15 |
| Art & Craft Making costumes  | Air and Space Museum  | Cooking Project making Pizza  | Swimming Day at the pool  | Slip 'N' Slide Splash Day  |

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| Monday 18 Week #5 | Tuesday 19 | Wednesday 20 | Thursday 21 | Friday 22 |
| Art & Craft Making Bird House  | National Museum of Natural History  | Cooking Project making Pineapple upside down cake  | Swimming Day at the pool  | Moon Bounce for the Day  |
| Monday 25 Week #6 | Tuesday 26 | Wednesday 27 | Thursday 28 | Friday 29 |
| Art & Craft Making Jewelry Box  | Fieldtrip on the Baltimore Pirate Ship  | Cooking Project making apple pie  | Swimming Day at the pool  | Slip 'N' Slide Splash Day  |
| Monday 1 Week #7 | Tuesday 2 | Wednesday 3 | Thursday 4 | Friday 5 |
| Art & Craft Making Name Collage  | Fieldtrip to the Baltimore Aquarium  | Cooking Project making chicken kabob with vegetables  | Swimming Day at the pool  | Moon Bounce for the Day  |
| Monday 8 Week #8 | Tuesday 9 | Wednesday 10 | Thursday 11 | Friday 12 |
| Art & Craft Making a self Portrait  | National Museum of the American Indian  | Cooking Project making Cereal bars  | Swimming Day at the pool  | Slip 'N' Slide Splash Day  |

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| Monday 15 Week #9 Art & Craft making Clay pots and Art.  | Tuesday 16 Laser Tag Day  | Wednesday 17 Cooking Project making Quesadilla  | Thursday 18 Swimming Day at the pool.  | Friday 19 Center Closed  |
| Monday 22 Week #10 Art & Craft Making Bracelet to exchange with your summer camp friends  | Tuesday 23 Fieldtrip going Bowling  | Wednesday 24 Cooking Project Ice Cream social <i>Ice Cream Social</i>  | Thursday 25 Slip 'N' Slide Splash Day  | Friday 26 End of Summer BBQ Party for both Centers and Award Ceremony  |

Please see below for a list of Item your child/Children must have on the first Day.



Each Child must have a water bottle



No Flip Flops



Your child must have a small back pack



Must wear sunscreen and face Mask



Your child must have a towel



Your Child must have his or her bathing suit



Hope Grows Child Development Center 1&2 Summer Camp Registration Form 2022

Child's name: _____ Age: _____

DOB _____ Parent's Cell phone # _____

Parent/legal guardian Name: _____

The legal parent/guardian listed here will be the person responsible for payments and will be the main contact in case of emergency. Initial _____

Address: _____

Registration fee **\$380.00** per child. Includes all fieldtrips and **Non- Refundable.**

Weekly tuition \$325.00 per child. Includes breakfast, lunch and pm snacks

The weekly tuition must be paid one week in advance.

I understand that on fieldtrip days my son/daughter should arrive at the center no later than 8:45 AM, I understand that bus will leave from center at 9:00 AM and there will be no refunds for missed fieldtrips.

I authorize Hope Grows Child Development Center 1&2 to transport my child in the center's van, to and from the center.

I understand that my child needs to be dressed appropriately for the different activities that are planned for each week.

I give my consent to Hope Grows Child Development Center 1&2 to take my child:

Name _____ on all fieldtrips, and to the parks.

Expectations

- ✍ All children have the responsibility to treat one another, staff and property with respect
- ✍ All parents and children have the responsibility to act and behave in a way which does not endanger, intimidate or interfere with the participation of others
- ✍ Children have the responsibility to follow instructions given by teachers
- ✍ Hope Grows Child Development Center LLC will not tolerate the use of offensive language, sexist or racist, fighting, bullying or any other form of aggressive behavior.

By signing this form, we agree to all rules and regulations stated hereby.

Parent Name: _____ Date: _____

Signature: _____ Cellphone #: _____

**EMERGENCY FORM****INSTRUCTIONS TO PARENTS:**

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt. # City State Zip Code

| Parent/Guardian Name(s) | Relationship | Phone Number(s) | | |
|-------------------------|--------------|----------------------|----|----|
| | | Place of Employment: | C: | H: |
| | | W: | | |
| | | Place of Employment: | C: | H: |
| | | W: | | |

Name of Person Authorized to Pick up Child (daily) _____
Last First Relationship to ChildAddress _____
Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last FirstAddress _____
Street/Apt. # City State Zip Code2. Name _____ Telephone (H) _____ (W) _____
Last FirstAddress _____
Street/Apt. # City State Zip Code3. Name _____ Telephone (H) _____ (W) _____
Last FirstAddress _____
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

**INSTRUCTIONS TO PARENT/GUARDIAN:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number