



King Moravian Preschool Summer Fun 2023

Our summer fun program provides a mini-day camp experience for children ages 2-7 years old by camp time. Our day lasts from 9 a.m. - 1 p.m. with lunch being served about 11:30. Children need to **PACK THEIR LUNCH DAILY!** Each week the children will participate in a variety of fun-filled activities including art, music, story time, outdoor adventures and more!

Please check your choice of sessions below:

Name: _____

_____ June 12-16 Ooey Goopy Science Fun

_____ June 19-June 23 Pirates & Princess' Week (special appearances from your favorites)

_____ July 10-14 Community Helper's (special appearances from our favorite Helper's!)

_____ July 24-28 Christmas in July

_____ July 31- August 4 Superhero Week (special appearances from your favorites!)

Cost: \$135 per session.

Please mail or deliver the session fee no later than two weeks before each camp week. This is to assure you are taking one of our limited places at camp so staff can be reserved for each session. If you do not pay for your camp session at least 2 weeks prior to camp, your place is not guaranteed. We reserve the right to charge you the session fee if you do not cancel at least 2 weeks prior to the camp. This is due to so many late, last minute cancellations in the past. Our mailing address is 234 West Dalton Rd. King, NC 27021

Invite your friends & neighbors.

You do not have to attend KMP to attend KMP's SUMMER FUN if you are age 3 & older! HOWEVER, two year olds must have been previously enrolled at KMP in order to attend Summer Fun.

Child's Name _____ Birth date: _____

Parents/Guardians _____

Address _____

Home Phone _____

Cell Phone _____

E-mail _____

Emergency Contact (Name and Phone Number)

1st Choice: _____

2nd Choice: _____

Persons allowed to pick up your child (Child will NOT be released to anyone else.)

Please list any allergies, including food (Attach Allergy Treatment plan completed by physician).

Physical conditions requiring special attention by the staff:

Doctor's Name/Number _____

Dentists' Name/Number _____

Hospital Preference _____

Insurance carrier/Policy Number _____

Name: _____

Permission to administer Non-Prescription Medication

Please circle the over-the-counter medication that the staff of King Moravian Preschool has permission to administer to your child. Please note beside of each medicine what dosage should be administered, if different from the printed instructions, not to exceed amounts ad frequency of dosage on printed instructions accompanying the medicine.

First Aid Antibiotic Cream

Anti-itch Cream

First Aid Antiseptic Wash/Wipe

Please list any other over the counter medicines including sunscreen

Parent/Guardian Signature: _____

Date: _____