



Creative Arts Camp

Ages 2 - 5

June 25th - August 3rd

Calling all 2 - 5 year olds who want the Sundance Experience to continue in the summer! Campers expand their knowledge-base and extend their fun and friendship through lessons in classic literature, the natural sciences, and arts & crafts. Whether filling birdfeeders in our nature center, making stories take flight, or sculpting a work of art, campers will use their imaginations and senses to bring learning to life. Every day of summer will be filled with wonder.

The more often you come, the more fun you'll have.

CHOOSE SCHEDULE

MON - FRI

- 9:00 - 11:30 AM (\$250/wk)
- 9:00 - 12:00 PM (\$275/wk)
- 9:00 - 3:00 PM (\$475/wk)

MON, WED & FRI

- 9:00 - 11:30 AM (\$175/wk)
- 9:00 - 12:00 PM (\$200/wk)
- 9:00 - 3:00 PM (\$325/wk)

CHOOSE YOUR WEEK(S)

- 6/25 to 6/29
- 7/2 to 7/6*
- 7/9 to 7/13
- 7/16 to 7/20
- 7/23 to 7/27
- 7/30 to 8/3



**No Camp Wednesday, July 4th*

Please call for this week's reduced tuition.

Child's First Name: _____ Child's Last Name: _____

Male Female

Birthdate: _____

T-Shirt Size: YXS YS YM YL AS AM AL

Address & Town: _____

Primary Phone: _____ This is a cell phone or home phone (check one)

Mother's Name: _____ Father's Name: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Email: _____ Father's Email: _____

Sundance is open from 7:30AM– 5:00PM. If you need extended care (*before 9AM/after 3PM*) please fill in the time and circle the days you will need extended care. Extended hours can be modified at any time. If you need different times on different days, please write the time next to the day.

EARLY BIRDS: I WILL NEED MY CHILD TO ARRIVE AT: M _____ / T _____ / W _____ / TH _____ / F _____

LATE TRAIN: I WILL NEED MY CHILD TO REMAIN UNTIL: M _____ / T _____ / W _____ / TH _____ / F _____

Please let us know if your child has any medical, physical problems, allergies or special needs that should be considered or if you have any special recommendations:

If the school fees the services of a physician are required, the following physician is authorized to treat my child.

Name	Phone
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In the event of a medical emergency and you are unable to contact either parent, I hereby give permission for my child to be given medical treatment by the rescue if necessary, and/or any other duly qualified medical personnel. If the school is unable to reach me by phone, the following individuals are authorized to take my child from school and to assume responsibility for my child in the event of an emergency.

Name	Address	Phone	Relationship to child
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Name	Address	Phone	Relationship to child
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Pick Up Authorization

Please provide the maiden name of your child's maternal grandmother as the pick-up authorization code: _____

This code will be required in the event you are calling the school to request someone other than a regularly scheduled driver to take your child home from school. No child will be released to another driver without written or verbal authorization from the parent. Alternate drivers will be asked for identification.