



# CHURCH IN THE HIGHLANDS SUMMER CAMP 2024

Our half or full day 6 week summer program is available to all new and current students as well as children in the community. Each week is a theme-based program offering: indoor and outdoor play, arts and crafts, cooking, music and movement, water play, science and much more! All rooms are conveniently air-conditioned. Pack your child's lunch, they will picnic with friends! Come join us for lots of summertime fun!

**WHO:** Campers who have turned 2.9 years of age by June 10<sup>th</sup> through 5 years old

**WHEN:** weeks of June 10<sup>th</sup> \*June 17<sup>th</sup> and June 24<sup>th</sup> half or full day offered  
weeks of \*July 1<sup>st</sup> July 8<sup>th</sup> and July 15<sup>th</sup> half day offered

Camp will be closed on Wednesday June 19<sup>th</sup> and Thursday July 4<sup>th</sup> \*see prorated prices below

**WHERE:** arts and crafts room, music room, gym, outdoor sports area & playground

**HOURS:** 9:00 am-3:00 pm - full day - offered for 3 weeks in June only  
9:00 am-1:00 pm - half day - offered for all 6 weeks

**PRICE:** \$540.00 a week for 5 full days \*\$432.00 week of June 17<sup>th</sup>  
\$375.00 a week for 5 half days \*\$300.00 week of June 17<sup>th</sup> and July 1<sup>st</sup>

**Early Drop Weekly Price:** 8:00 am \$90.00 8:30 am \$45.00 Occasional Drop: \$18 hour  
**Pro-Rated Weeks** 8:00 am \$72.00 8:30 am \$36.00



**Payment Methods:**  
**Checks:** make payable to Church in the Highlands ECC  
**Credit Cards:** please return authorization form attached

To reserve a spot: return registration form with full payment by May 24<sup>th</sup>.

Note: full day program will be offered provided we have 5 campers enrolled.



## Church in the Highlands Summer Camp Registration 2024

### Choose the weeks your camper will attend:

Week 1  full day   Week 2  full day   Week 3  full day   Week 4    Week 5    Week 6

June 10<sup>th</sup>  half day   \*June 17<sup>th</sup>  half day   June 24<sup>th</sup>  half day   \*July 1<sup>th</sup>   July 8<sup>th</sup>   July 15<sup>th</sup>

Early-Drop-weekly: 8:00 am    8:30 am    Occasional-Drop-hourly

*\*Please note we will be closed Wednesday, June 19<sup>th</sup> and Thursday, July 4<sup>th</sup>, all camp pricing will be pro-rated.*

Camper's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Primary contact #'s \_\_\_\_\_ / \_\_\_\_\_

Mom/Dad/Guardian: \_\_\_\_\_

Primary Emails: \_\_\_\_\_ / \_\_\_\_\_

Camper's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency contact names and numbers:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell # \_\_\_\_\_

### Pick-Up authorization:

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Has your child been to preschool, daycare or other? (specify) \_\_\_\_\_

Does your child have any specific fears or concerns you'd like to share? \_\_\_\_\_

### Does your child have any allergies?

I GIVE WRITTEN PERMISSION TO DANA MCTIERNAN AND JOANIE BIVAS, DIRECTORS OF THE CITH SUMMER CAMP OR ANY OTHER AUTHORIZED PERSON IN CHARGE OF THE CAMP TO OBTAIN MEDICAL CARE FOR MY CHILD IF HE/SHE DEVELOPS SYMPTOMS OF ILLNESS OR IS INJURED WHILE AT CAMP.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_