

CHURCH IN THE HIGHLANDS

SUMMER CAMP 2025

Our half or full day 6 week summer program is available to new and current students as well as children in the community. Each week a theme-based program offers: indoor and outdoor play, arts and crafts, cooking, music and movement, water play, 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 9th through 5 years old

WHEN: weeks of June 9th, *June 16th and June 23rd half or full day offered
weeks of *June 30th, July 7th and July 14th half day offered

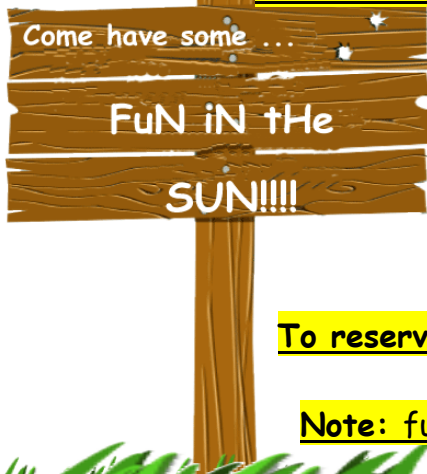
Camp will be closed on Thursday, June 19th and Friday, July 4th *see prorated prices below

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: \$560.00 a week for 5 full days *\$450.00 week of June 16th
\$395.00 a week for 5 half days *\$320.00 week of June 16th and June 30th

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 23rd.

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



Church in the Highlands Summer Camp Registration 2025

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 9th ☐ half day *June 16th ☐ half day June 23rd ☐ half day *June 30th July 7th July 14th

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

**Please note we will be closed Thursday, June 19th and Friday, July 4th, 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: _____