

2024 Summer Camp Registration

Community of Care Montessori Preschool 11304 136th St E, Puyallup, 98374 • 253.845.4844 • lothumc@comcast.net

For ages 3 through 2nd grade. Please use a separate form for each child.

Child's Name _____ Birthdate _____ Grade going into _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____

Address (if different than child) _____

Phone number _____

Parent/Guardian Name _____

Address (if different than child) _____

Phone number _____

I would like to register for (one form per child): (Class is Monday-Thursday)

- | | | | | |
|--|--------------|----------|-------|--------------------------------|
| <input type="checkbox"/> Under the Sea | July 8-11 | 9am-Noon | \$100 | Registration Deadline July 1 |
| <input type="checkbox"/> Jungle Safari | July 15-18 | 9am-Noon | \$100 | Registration Deadline July 8 |
| <input type="checkbox"/> Little Picassos | August 5-8 | 9am-Noon | \$100 | Registration Deadline July 29 |
| <input type="checkbox"/> If You Give.... | August 12-15 | 9am-Noon | \$100 | Registration Deadline August 5 |
- Based on Laura Numeroff's books: If You Give Mouse a Cookie; Moose a Muffin; Pig a Pancake, etc.

**Every Thursday is Water Day. Have your child wear their bathing suit under their clothes. Bring a towel.

NOTE: You can pay by cash (exact amount), check, or by credit card online at lightofthehillumc.org. Click 'Give Online' then 'Preschool Tuition'

My child may be photographed for use in: School publications, Community of Care Facebook page, Light of the Hill United Methodist Church publications, website and/or Facebook page.

(No names will be used) Yes No

Please list any allergies or health concerns _____

I authorize (child's name) _____, to be given emergency treatment by qualified staff/volunteer of Light of the Hill Church/Preschool. I also give permission for my child to be transported by ambulance or car to an emergency facility for treatment. In the event I am unable to be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to ensure my child's health and safety.

Parent/Guardian Signature _____ Date _____