



SUMMER PROGRAM 2021!

9 weeks filled with fun and exciting activities for our students.

Beginning the week of June 28th through the week of August 28th

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
Welcome Week	Down on the Farm!	Under the Sea	Camping Fun week	Carnival Week	Sports Week	Beach Week	Picnic Week	End of Summer Fun

Each week we will be focusing on a certain theme. Once a week we will be bringing in a special guest in correlation with the theme ex: Magician, Zoo visit, nature center. Daily Schedules may vary depending on activities.

We will also be including Dance, Soccer, Yoga, Music and Movement each week. If you need extended hours for camp we will offer from 8 am - 3:00 pm.

Our exact camp calendar will be emailed in June 2021. Please refer to the sample Calendar.

Camp hours will be from: 8:30 - 2:30 pm
Schedule:
8:30 am - 9am Drop-off /breakfast /free play
9am-10 am Circle Time / Arts & Crafts
10am Snack/Washing Hands
10:15-12pm Sprinkler/Outdoor fun/Special Guest/Music/Class Game
12pm Lunch Time
12:30 -1:30 pm Story Time / Rest Time
1:30-2:15 Sprinkler/Outdoor fun/Special Guest/Class Game/Music & Movement
2:30 pm Dismissal



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 718-997-0990 childcare@angelsinthegardens.com
 angelsinthegardens.com

Summer Camp 2020 Enrollment Application

Camp begins Monday June 29th ending August 27th - Total 9 Weeks

Today's Date: _____

Child's Name: _____ Child's DOB: _____

Please circle:

<u>Mon - Fri</u>	<u>Mon, Wed, & Fri</u>	<u>Tues & Thurs</u>
5 Days	3 Days	2 Days
\$385/week	\$350/week	\$300/week
Total: \$3,465	Total: \$3,150	Total: \$2,700

Check if needed:

- Early drop-off 8AM & late pickup 3PM is an additional \$25 per week

Home Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Home Phone #: _____

Employment: _____ Address: _____

Work Phone #: _____ Cell Phone #: _____

Parent's DOB: _____ Parent's SSN #: _____

Parent's Name: _____ Home Phone #: _____

Employment: _____ Address: _____

Work Phone #: _____ Cell Phone #: _____

Parent's DOB: _____ Parent's SSN #: _____

Please provide us with an **E-Mail Address(es)** in which you would like to receive our calendar & updates:

Physician of Child: _____ Phone #: _____

Please list any your child's **ALLERGIES**: _____

Emergency Contact/Authorized Pick-Up List:

In the event an emergency should occur please list additional family members or friends that can be contacted if we are unable to reach the child's guardian/s. Also who is authorized to pick up your child?

1. Name: _____ Address: _____

Phone#: _____ Relationship: _____

2. Name: _____ Address: _____

Phone#: _____ Relationship: _____

Walk Authorization

I _____, hereby give permission for my son/daughter _____ to participate in walking trips with Angels in the Gardens during school hours. I understand students will be properly supervised at all times.

Photo Release

Please check the Following

_____ I _____ authorize Angels in the Gardens to photograph my child for childcare project purposes, advertisements, school website, and shutterfly.

_____ I do not authorize Angels in the Gardens to photograph my child for childcare project purposes, advertisements, school website, and shutterfly.

Angels in the Gardens Child Care Corp.

Policy Agreement Form

(Please read and sign below acknowledging that you have answered all questions above to your best awareness and understanding that you agree and will abide by our policies below).

1. Angels in the Gardens is not responsible for any personal belongings; clothing, shoes, jewelry, toys ,etc. **Please remember to LABEL your child's individual belongings.** We have the right to discard any soiled clothing due to sanitary purposes.
2. Tuition is due on the first day of the week your child attends school. There will be a late fee of \$5 each day tuition is outstanding. Statements will be emailed. After 3 notices tuition will go into collection. (No personal checks or credit cards accepted). *Tuition is accepted in Cash or Money Order. There is a Non-Refundable camp registration fee of \$50.*
3. Angels in the Gardens requires a one-week security payment upfront, which is non-refundable. This payment goes towards your last week of camp tuition.
4. Tuition is due at all times. You are signing up for the entire 9-week summer program. Payment obligations are based on the hours you agree to facilitate in our program, not the actual hours of attendance. You must pay for the days your child is out sick or on vacation/holiday, and school holidays. There will be no make-up days for snow, sick, vacation days or holidays.
5. PLEASE REFER TO AND SIGN OUR COVID 19 SAFETY AND HEALTH GUIDELINES FORM FOR FURTHER INFORMATION REGARDING OUR HEALTH SCREENING/SICK POLICY.
6. Angels in the Gardens requires a doctor's note if your child has been diagnosed with strep throat, pink eye, influenza, or any other communicable disease. Without a doctor's note stating the wellness of your child, we cannot allow their attendance back to school. (Please understand this is for the consideration of your child's fellow classmates and teachers' well-being).
7. Angels in the Gardens Child Care Corp. has the right to terminate your child's enrollment at any time.

I (Parent/Guardian print name) _____ have answered all the above questions to my best knowledge and agree to abide by Angels in the Gardens Child Care Corp. policies above.

Parent/Guardian Signature: _____ Today's Date: _____