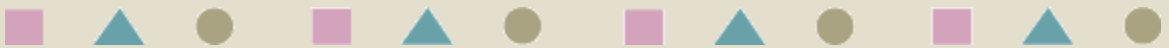


Welcome
to
Summer
Camp
2010

(Preschool C)



Summer Plans 2010 for Pre-C, PKA, and PKB

The following are the fun-filled in-house activities and field trips that we have planned.
Mark your calendars or place this where you can see it!

- June 15th: Bounce House (At The School)-10:00am
- June 22nd: Miami Metro Zoo-Board the Bus @ 8:45am
- June 24th: Water Science (At the School)-10:00am
- June 29th: Build-A-Bear-Board the Bus @ 8:45am
- June 30th: Interactive Story Telling (At the School)-10:00am

- July 7th : Kendall Environmental Center-Board the Bus @ 8:45am
- July 13th: Jane Stratten (At The School)-10:00am
- July 20th: IMAX Theatre/Science Museum-Board the Bus @ 8:45am
- July 22nd: Clown Entertainment (At The School)-10:00am
- July 27th: Bird Bowl-Board the Bus @ 8:45am

- August 3rd: The Little Farm-Board the Bus @ 8:45am
- August 5th: Artistic Expressions (At the School)-10:00am
- August 6th: Leap 'N Fun-Board the Bus @ 9:15am
- August 10th: Ball-Mania-Board Bus @ 9:15am
- August 13th: Last day of Summer Bash-Mega Bounce Castle & Slide
(At the School)-10:00am

*Activities fees are based on the total cost of the event and not on a per child or per person basis.

No credit or refunds will be given if the child or chaperone does not attend the planned event.

All fees are due by **Fri, May 21, 2010.

Summer Camp 2010 Student Registration Form

Child's Full Name: _____ Date of Birth _____

Parent's Name: _____ Contact # _____

Summer Schedule 2010 for Preschool C

(Please check the months that your child will be participating in planned activities.)

Activity

Cost

- June 15th: Bounce House (At The School)-10:00am
- June 22nd: Miami Metro Zoo-Board the Bus @ 8:45am
- June 24th: Water Science (At the School)-10:00am
- June 29th: Build-A-Bear-Board the Bus @ 8:45am
- June 30th: Interactive Story Telling (At the School)-10:00am

June Activities: _____ **\$65.00**

- July 7th: Kendall Environmental Center-Board the Bus @ 8:45am
- July 13th: Jane Stratten (At The School)-10:00am
- July 20th: IMAX Theatre/Science Museum-Board the Bus @ 8:45am
- July 22nd: Clown Entertainment (At The School)-10:00am
- July 27th: Bird Bowl-Board the Bus @ 8:45am

July Activities: _____ **\$65.00**

- August 3rd: The Little Farm-Board the Bus @ 8:45am
- August 5th: Artistic Expressions (At the School)-10:00am
- August 6th: Leap 'N Fun-Board the Bus @ 9:15am
- August 10th: Ball-Mania-Board Bus @ 9:15am
- August 13th: Last day of Summer Bash-Mega Bounce Castle & Slide

August Activities: _____ **\$65.00**

(At the School)-10:00am

June Activities Fee: \$ _____

July Activities Fee: \$ _____

August Activities Fee: \$ _____

*Activities fees are based on the total cost of the event, food, and transportation (if applicable) and not on a per child basis. **No credit or refunds will be given if the child or chaperone does not attend the event.**

All fees are due by **Fri, May 21, 2010

Total Student fee: \$ _____

Total Chaperone fee: \$ _____

____ via check# _____

____ Tuition Express _____

(signature required)

Chaperones-Summer 2010 Field Trips

I have read and understand all of the aforementioned guidelines and will follow them to the best of my ability for the safety of the children and to be courteous of the other adults/teachers attending the trip. I also understand that there is **NO REFUND** if I am unable to attend.

Print Name

Chaperone Signature

Date

I will indicate below with my initials if I will or will not attend any of the following field trips.

Metro Zoo

June 22, 2010

Chaperones: \$22.00

YES _____

NO _____

Build-A-Bear

(No Lunch Included)

June 29, 2010

Chaperones: \$5.00

YES _____

NO _____

Kendall Environmental Center

July 7, 2010

Chaperones: \$15.00

YES _____

NO _____

IMAX Theatre/Science Museum

July 20, 2010

Chaperones: \$21.00

YES _____

NO _____

Bird Bowl

July 27, 2010

Chaperones: \$15.00

YES _____

NO _____

The Little Farm

August 3, 2010

Chaperones: \$12.00

YES _____

NO _____

Leap 'N Fun

August 6, 2010

Chaperones: \$15.00

YES _____

NO _____

Ball Mania

August 11, 2010

Chaperones: \$15.00

YES _____

NO _____

****All fees are due by Fri, May 21, 2010**

Total fee: \$ _____

_____ via check# _____

_____ Tuition

Express _____

(signature required)

*Please provide us a copy of your photo ID to keep on file. – Thank you!

Chaperone Guidelines for Field Trips

_____ Due to the fact that some children have different types of allergies and food restrictions, we ask that you do not give the children food/drinks that you may have brought with you. Proper nutritional food and snacks will be provided by the school or the children's families. If you bring additional water and cups to give water to the children, we ask that you bring for the entire group (30 to 70 children). **There will be frequent stops for water and bathroom breaks on the trip. Lunch and snack will be on a schedule so please stick to the schedule to be fair to all the children.** Typically, the school or the families will provide what is needed for food and drinks.

_____ To avoid spills and messes, we **will not** be permitted to eat or drink on the bus.

_____ We must stay together as a whole group. Chaperones **are not** allowed to wander away from the group unless prior permission is given by the group leader.

_____ You must keep track of the children that are assigned to you. You will be assigned at least 2 children but not more than 3. Only chaperones/adults that can handle 2 to 3 children at a time are encouraged to attend.

_____ We use positive guidance and discipline. Children **will not** be belittled or threatened. If you see another chaperone or teacher acting in an unprofessional, unsafe manner with the children, you are responsible for reporting the incident to the group leader immediately.

_____ Please notify the classroom teacher if you are going to leave the group to go to the restroom (for yourself or to take a child) so the classroom teacher can watch the rest of your group.

_____ Please regroup with all children that you left with the classroom teacher during your bathroom break as soon as you rejoin the group.

_____ Please **do not** purchase food or gift items for your child while on the trip. The other children in your group may get their feelings hurt.

_____ We will be eating together as a group. During lunch and snack time, please assist the children in your group with set up, eating, and clean up.

_____ Children must wear seat belts while on the bus (if available). All bus rules must be followed. We will be sitting 3 to a seat on most fieldtrips. 1 adult and 2 children in a seat or 3 children in a seat for those seats without an adult.

_____ We reserve the right to refuse the use of any chaperone that does not follow the above listed rules for future trips.

_____ The group leader and classroom teachers are primarily responsible for the group so please follow them and their instructions to keep the group together and safe.

Thank you for volunteering to assist us with the children and for helping to maintain the safety of all the children on our field trip.

FIELD TRIP POLICIES AND PERMISSION SLIP

SPECIFICS OF OUR TRIP:

Destinations: Metro Zoo (June 22nd), Build-A-Bear (June 29th)

Time: Busses will board and approximately leave at 8:55a.m. and their approximate return will be between 1:45 & 2:45p.m.

Means of transportation: School Bus – Carlos and Susana

Type of clothing: Kids' Corner Green Fieldtrip Shirt.

Lunch: Metro Zoo (at the facility), Build-A-Bear (at our school)

**It is very important to make sure that your child has had a good breakfast at home before bringing them to school.*

June Cost: \$65.00 (including all activities and events at the school)

Payment options: Check # _____ T.E. _____ (signature required)

PLEASE RETURN FORMS & PAYMENT TO ADMINISTRATION BY FRI, MAY 21, 2010.

****No late payments or forms will be accepted, so please plan accordingly.**

PARENTAL AUTHORIZATION

I hereby request that my child _____ be permitted to attend the above described school activities and give permission to the school to allow my child to leave campus for the events as indicated above.

I hereby authorize that emergency treatment may be administered.

I hereby release Kids Corner, LLC, the Kids' Corner staff and affiliates, from any and all liability in case of accident or injury incurred during the school sponsored field trip.

MEDICAL RELEASE:

Our permission is hereby given to the representative of Kids Corner, LLC to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving my child _____.

PARENT/GUARDIAN NAME: _____ (please print)

DATE: _____ SIGNATURE _____

FAMILY PHYSICIAN: _____ PHONE # _____

_____ No my child will not be going on these trips. *Children who do not attend the field trip will be placed in a class with our preschool teachers.*



FIELD TRIP POLICIES AND PERMISSION SLIP

SPECIFICS OF OUR TRIP:

Destinations: Kendall Environmental Center (July 7th), IMAX Theatre/Science Museum (July 20th), Bird Bowl (July 27th)

Time: Busses will board and approximately leave at 8:55a.m. and their approximate return will be between 1:45 & 2:45p.m.

Means of transportation: School Bus – Carlos and Susana

Type of clothing: Kids' Corner Green Fieldtrip Shirt.

Lunch: Kendall Environmental Center (taken to facility), IMAX Theatre/Science Museum (at the facility), Bird Bowl (at the facility)

**It is very important to make sure that your child has had a good breakfast at home before bringing them to school.*

June Cost: \$65.00 (including all activities and events at the school)

Payment options: Check # _____ T.E. _____ (signature required)

PLEASE RETURN FORMS & PAYMENT TO ADMINISTRATION BY FRI, MAY 21, 2010.

****No late payments or forms will be accepted, so please plan accordingly.**

PARENTAL AUTHORIZATION

I hereby request that my child _____ be permitted to attend the above described school activities and give permission to the school to allow my child to leave campus for the events as indicated above.

I hereby authorize that emergency treatment may be administered.

I hereby release Kids Corner, LLC, the Kids' Corner staff and affiliates, from any and all liability in case of accident or injury incurred during the school sponsored field trip.

MEDICAL RELEASE:

Our permission is hereby given to the representative of Kids Corner, LLC to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving my child _____.

PARENT/GUARDIAN NAME: _____ (please print)

DATE: _____ SIGNATURE _____

FAMILY PHYSICIAN: _____ PHONE # _____

_____ No my child will not be going on these trips. *Children who do not attend the field trip will be placed in a class with our preschool teachers.*



FIELD TRIP POLICIES AND PERMISSION SLIP

SPECIFICS OF OUR TRIP:

Destinations: The Little Farm (August 3rd), Leap 'N Fun (August 6th), Ball-Mania (August 10th)

Time: Busses will board and approximately leave at 8:55a.m. and their approximate return will be between 1:45 & 2:00p.m.

Means of transportation: School Bus – Carlos and Susana

Type of clothing: Kids' Corner Green Fieldtrip Shirt.

Lunch: The Little Farm (taken to facility), Leap 'N Fun (at the facility), Ball-Mania (at the facility)

**It is very important to make sure that your child has had a good breakfast at home before bringing them to school.*

June Cost: \$65.00 (including all activities and events at the school)

Payment options: Check # _____ T.E. _____ (signature required)

PLEASE RETURN FORMS & PAYMENT TO ADMINISTRATION BY FRI, MAY 21, 2010.

****No late payments or forms will be accepted, so please plan accordingly.**

PARENTAL AUTHORIZATION

I hereby request that my child _____ be permitted to attend the above described school activities and give permission to the school to allow my child to leave campus for the events as indicated above.

I hereby authorize that emergency treatment may be administered.

I hereby release Kids Corner, LLC, the Kids' Corner staff and affiliates, from any and all liability in case of accident or injury incurred during the school sponsored field trip.

MEDICAL RELEASE:

Our permission is hereby given to the representative of Kids Corner, LLC to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving my child _____.

PARENT/GUARDIAN NAME: _____ (please print)

DATE: _____ SIGNATURE _____

FAMILY PHYSICIAN: _____ PHONE # _____

_____ No my child will not be going on these trips. *Children who do not attend the field trip will be placed in a class with our preschool teachers.*