



SUMMER ACTIVITIES 2021



Children 5-7 are welcome to attend the Summer program.

Weekly cost is **\$160** per child
8:30-6:00 pm + activity fees.

Registration fee for new children is
\$50.00 for summer only.

The summer program is filled with lots of fun filled activities and events, including bounce houses, puppet shows, animal presentations, water slides, craft making, cooking and more. The following are the costs for each class.

TwoA, TwoB, PA, PB:

June \$35, July \$40, August \$25

(This includes all in house activities and events.)

PC, PKA, PKB, Kinder:













June \$60, July \$105, August \$45

(This includes all in house activities and events, outside field trips, lunch and transportation.)

If your child does attend an outside field trip, they will be placed in a classroom with availability in Preschool or Twos.


















Due to projections and budget, no credit or refunds will be given if the child does not attend the planned event. Fill out the registration form(s) and turn them in to the front desk.

**NO UNIFORM
REQUIRED
FOR SUMMER**

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10 School Closed	11 School Closed	12
13	14  Summer Begins! Ocean Play Dough STORYTELLER	15  Ocean in a Bottle/ Martial Arts	16  Sensory Ocean Bags	17  Miami Seaquarium	18  Water Play	19
20	21  Mickey Marble Painting STORYTELLER	22 Olaf Marshmallow Martial Arts	23  Disney Character Dress up /Karaoke	24  Real Food Academy	25  Water Play	26
27	28  Pirate Dress Up Write message in a bottle. STORYTELLER	29  Find the Treasure/ Martial Arts	30  Make a Pirate hook			












Star indicates outside field trips. Please be on time to board the bus and wear the camp t-shirt (PKA, PBN and PSC ONLY)

SUN	MON	TUE	WED	THU	FRI	SAT
				1  Noah's Ark Animal Workshop	2  Water Play	3
4	5 School Closed	6  Noah's Ark Animal Workshop	7 Make a Galaxy Slime STORYTELLER	8  Frost Museum	9  Water Play	10
11	12  Make Cloud In a Jar STORYTELLER	13  Make Bouncy Balls/ Martial Arts	14  Growing Crystals	15  Mad Science	16  Water Play	17
18	19 Fizzy Olympic Rings STORYTELLER	20  Make Olympic Torch/ Martial Arts	21  Have Playground Olympics	22  Launch Field Trip	23  Water Play	24
25	26  Hawaiian Party STORYTELLER	27 Baking Soda Volcano/ Martial Arts	28  Make Lemonade/ Outdoor picnic	29 Hula Hoop & Limbo Contest	30  Water Play	31



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SUN	MON	TUE	WED	THU	FRI	SAT
	2 Ring Toss STORYTELLER	3  Cotton Candy Puffy Paint	4  Outdoor Picnic	5  Bounce House	6  Last Water Play Day	7
8	9  Dress as your favorite Superhero	10  Ice melting experiment/ Martial Arts	11  Design a Cape	12  Make Superhero Mask/ Brain Freeze Field Trip	13  Last Day of Summer Camp STORYTELLER	14
15	16	17	18 School Closed	19 School Closed	20 School Closed	21
22	23 FIRST DAY OF SCHOOL	24	25	26	27	28
29	30	31				



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Parental Authorization Form (PSC, PKA, PKB)

SPECIFICS OF OUR TRIPS:

Destinations: Miami Seaquarium, Frost Museum, Launch Doral, Brain Freeze.

Time: Busses will leave approximately at 8:45 a.m. and their approximate return will be around 2:00p.m.

Means of transportation: School Bus – AirB Bus

Attire: Kids' Corner Fieldtrip Shirt and Jeans

Lunch: Will be provided on each field trip at the facility or at the location of the field trip.

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

PLEASE RETURN FORM, COPY OF INSURANCE CARD & PAYMENT TO ADMINISTRATION

Due to COVID-19 Restrictions, Chaperones would no be allowed to attend field trips.

STUDENT NAME: _____ (please print)

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 all the school sponsored field trips.

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 #: _____

***** ATTACHED IS A COPY OF MY CHILD'S CURRENT HEALTH INSURANCE CARD*****

ALLERGIES, REACTIONS OR OTHER MEDICATIONS:

____ No my child will not be going on these trips. If your child does not attend the field trip they will be placed in a classroom with availability.

Summer Program Student Registration

Child's Full Name: _____ Classroom: _____

Parent's Name: _____

HOME PHONE: _____ CELL PHONE: _____

Activity fees are based on the total cost of the event and not on a per child basis. No credit or refunds will be given if the child or chaperone does not attend the event. I understand and have read all the terms and conditions.

Parent Signature: _____ Date: _____

June – Due

Toddler, TwoA, TwoB, PSA, PSB \$35

PKA, PKB, PSC \$60

Tuition Express

Check # _____

Parent Signature:

Date Charged: _____

Student Activity Fee: \$ _____

Charges will be posted on May 28th and
charged on June 03rd

July – Due

Toddler, TwoA, TwoB, PSA, PSB \$40

PKA, PKB, PSC \$105

Tuition Express

Check # _____

Parent Signature:

Date Charged: _____

Student Fee: \$ _____

Charges will be posted on June 28th and
charged on July 03rd

August – Due

Toddler, TwoA, TwoB, PSA, PSB \$25

PKA, PKB, PSC \$45

Tuition Express

Check # _____

Parent Signature:

Date Charged: _____

Student Activity Fee: \$ _____

Charges will be posted on July 28th and
charged on August 03rd