

## TWOS BIG SUMMER FUN 2010 - At HAYGOOD PRESCHOOL

### Camp Registration for Two Year Olds

Haygood Preschool is offering 8 fun-filled weeks of summer camp for twos. During these weeks we will combine lots of playtime inside and outside, story time, music, and art projects into a week of learning and fun. Each month we will have a theme that will guide our projects and stories.

#### June - How Does Your Garden Grow?

Sunflowers, marigolds, green beans, and more...

We will dig, sow seeds, water, and watch as our gardens grow.

Be ready to get dirty! 3 weeks: June 14, June 21 and June 28

#### July - Bugs, Bugs, Bugs!

They wiggle, they crawl, they fly, and they fascinate little ones. Come enter the teeny tiny world of bugs. 4 weeks: July 12, July 19, and July 26

#### August - Under the Sea

Water, sand, fish, and fun ~ the ocean comes to Haygood. Dress to get wet!  
2 weeks: August 2 and August 9

#### **Important Information:**

- Tuition is \$110 per week. \$75 of this amount is the non-refundable deposit. **Please include \$75 for each week of camp you register for when you submit your form.** This fee will be applied to the total cost of the session. The balance of the tuition is due on June 1<sup>st</sup> for any camps scheduled in June and on July 1<sup>st</sup> for any camps scheduled in July and August. You will not receive an invoice for the amounts due. If you fail to remit camp tuition in full by the first of June or July, you will be charged a **\$25 late fee for each week** of camp reserved for that month.
- **All deposits are non-refundable.**
- Your child must be two years old before 06/01/10 to attend camp.
- Twos camps will meet on Mondays, Wednesdays, and Fridays from 9am to 1pm.
- Send your child with a lunch, a drink, diapers, diaper wipes, a change of clothes, and insect repellent.
- For their safety, children should wear comfortable clothing and shoes. No sandals, boots or "cros".

#### **Registration:**

- Registration begins now & will be on a first come, first served basis.
- **Make checks payable to Haygood Preschool and indicate your child's first and last name on the check.** Send registration forms in your child's book bag or mail to:  
Haygood Preschool  
1015 East Rock Springs Rd.  
Atlanta, GA 30306  
Attn: Mary Gail Muse, Summer Camp
- You will receive a confirmation via email.
- Questions? 404-872-5806 ext. 233 or [mgmuse@haygoodwcm.org](mailto:mgmuse@haygoodwcm.org)

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Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work / Cell \_\_\_\_\_

Parent's Work / Cell \_\_\_\_\_ Parent's Work / Cell \_\_\_\_\_

**Emergency Contacts when you cannot be reached:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies or medical conditions \_\_\_\_\_

Authorized person(s) who may pick up child \_\_\_\_\_

Email for confirmation \_\_\_\_\_

Will your child be attending Haygood in the fall of 2010? \_\_\_\_\_

If so, which class? \_\_\_\_\_

**Please check the camps for which you would like to register:**

- |   |                            |
|---|----------------------------|
| <input type="checkbox"/> June 14 - 18     | How Does Your Garden Grow? |
| <input type="checkbox"/> June 21 - 25     | How Does Your Garden Grow? |
| <input type="checkbox"/> June 28 - July 2 | How Does Your Garden Grow? |
| <input type="checkbox"/> July 12 - 16     | Bugs, Bugs, Bugs!          |
| <input type="checkbox"/> July 19 - 23     | Bugs, Bugs, Bugs!          |
| <input type="checkbox"/> July 26 - 30     | Bugs, Bugs, Bugs!          |
| <input type="checkbox"/> August 2 - 6     | Under the Sea              |
| <input type="checkbox"/> August 9 - 13    | Under the Sea              |

I hereby grant permission to the school authorities present during any emergency or accident involving my child \_\_\_\_\_ to obtain the services of a physician to treat my child even though I am not present. Haygood Preschool or the staff members thereof shall not be held responsible for any injury to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_