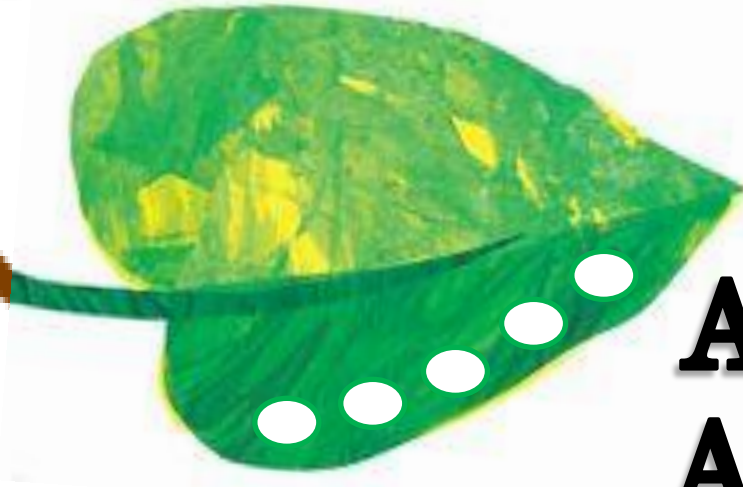


Hungry for Summer Fun



Andrews Academy Preschool Summer Camp 2018

Andrews Academy
888 N. Mason Rd.
St. Louis, MO 63141
314-878-1883
www.andrewsacademy.com



Andrews Academy Preschool Summer Camp

June 4 – August 10, 2018

Ages 3-5

Half Days 9:00 – 1:00

**Now
Enrolling**

Lunch and Snacks Provided
We are offering ten, 1 week sessions

2 Days: Tuesdays and Thursdays - \$80

3 Days: Mondays, Wednesdays, Fridays - \$105

5 Days: Monday through Friday - \$160

\$25.00 One Time Registration Fee

Our Preschool Summer Program is designed to give the youngest of our campers a fun-filled day of adventures. Each day children are encouraged to explore both indoor and outdoor activities. Our weekly themes focus on creativity, independence, and friendship while providing a multitude of hands-on opportunities.

For more information about our
Summer Camp Programs:

314-878-1883

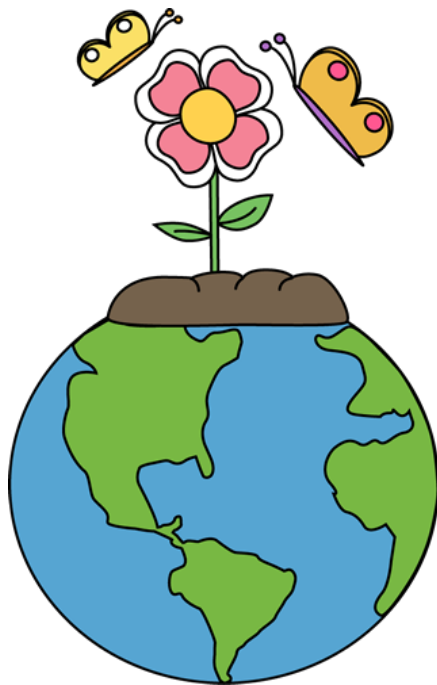
www.andrewsacademy.com



My World Around Me



Our theme, “My World Around Me” will tap into your child’s natural curiosity about the world around them and their role as a good friend and citizen. The adventure begins with “ME” making new camp friends and together exploring different communities and how the people, animals, and environment make up the special place in which we live. Through hands-on activities your child will be encouraged to wonder, create, and discover everything around them. Each week your child will be engaged in a variety of enrichment activities including sensory play, arts and crafts, cooking, literacy and math centers, science exploration, dramatic play, and music and movement. Our gym, large playground, and nature trails provide ample opportunities for gross motor development. From the people to the places, from the sky to the sea, your child will find that their world is a wonderful place to be.



Weekly Themes

- Week 1 – Me, My Family, My Friends**
- Week 2 – Community Helpers**
- Week 3 – Down on the Farm**
- Week 4 – Weather Wonders**
- Week 5 – Pint-sized Patriots**
- Week 6 – Watch Me Move**
- Week 7 – Animal Planet**
- Week 8 – Nature Lover**
- Week 9 – Up, Up, and Away We Go**
- Week 10 – Making a Splash in My World**



PRESCHOOL SUMMER CAMP SUPPLY LIST

Please bring the following items for your child to camp each day. Label each item with your child's name.

1. Backpack or tote bag
2. A complete change of clothes
3. Water bottle
4. Wear shoes that are safe for playing in the gym and on the playground.



ANDREWS ACADEMY PRESCHOOL

SUMMER CAMP REGISTRATION FORM 2018

CHILD'S NAME: _____ AGE: _____ GENDER: M F

BIRTHDATE: ____/____/____ (CAMPER MUST BE AT LEAST 3 YEARS OLD BY HIS/HER CAMP STARTING DATE TO BE ELIGIBLE)

ADDRESS: _____ HOME PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____

*** * * All preschool campers must be fully toilet trained. * * ***

ALLERGIES: _____ SPECIAL DIETARY NEEDS: _____

OTHER IMPORTANT INFORMATION ABOUT THIS CHILD: _____

TO REGISTER:

1. Check the boxes below with the corresponding weeks and days your child will attend.
2. Complete both sides of this Registration form and return it with \$25.00 (payable to Andrews Academy) to the Andrews Academy School Office **by April 13, 2018**
Applications received after April 13th will be accepted as long as there is space available.
3. Complete the **Pick Up Authorization Form** and return it with your child's application.
4. Your cancelled check will be your confirmation of enrollment. You will be notified if the program is full.
5. **Cost:** T Th = \$80.00 per week; M W F = \$105.00 per week; Monday through Friday = \$160.00 per week
SESSION 1 - full payment due no later than Friday, May 11, 2018
SESSION 2 - full payment due no later than Friday, June 16, 2018

SESSION 1

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> WEEK 1
June 4-8 | <input type="checkbox"/> WEEK 2
June 11-15 | <input type="checkbox"/> WEEK 3
June 18-22 | <input type="checkbox"/> WEEK 4
June 25-29 | <input type="checkbox"/> WEEK 5*
July 2-6 |
| <input type="checkbox"/> T Th | <input type="checkbox"/> T Th | <input type="checkbox"/> T Th | <input type="checkbox"/> T Th | <input type="checkbox"/> T Th |
| <input type="checkbox"/> M W F | <input type="checkbox"/> M W F | <input type="checkbox"/> M W F | <input type="checkbox"/> M W F | <input type="checkbox"/> M F * |
| <input type="checkbox"/> MTWThF | <input type="checkbox"/> MTWThF | <input type="checkbox"/> MTWThF | <input type="checkbox"/> MTWThF | <input type="checkbox"/> MTThF* |

No Camp on Weds., July 4th - Federal Holiday

SESSION 2

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> WEEK 6
July 9-13 | <input type="checkbox"/> WEEK 7
July 16-20 | <input type="checkbox"/> WEEK 8
July 23-27 | <input type="checkbox"/> WEEK 9
July 30-Aug 3 | <input type="checkbox"/> WEEK 10
August 6-10 |
| <input type="checkbox"/> T Th | <input type="checkbox"/> T Th | <input type="checkbox"/> T Th | <input type="checkbox"/> T Th | <input type="checkbox"/> T Th |
| <input type="checkbox"/> M W F | <input type="checkbox"/> M W F | <input type="checkbox"/> M W F | <input type="checkbox"/> M W F | <input type="checkbox"/> M W F |
| <input type="checkbox"/> MTWThF | <input type="checkbox"/> MTWThF | <input type="checkbox"/> MTWThF | <input type="checkbox"/> MTWThF | <input type="checkbox"/> MTWThF |

*** ALL CAMP FEES MUST BE PAID IN ADVANCE OF ATTENDANCE ***

*** A minimum of 1 week notice, with payment, is required to add on weeks (if space available).***

CONTINUE ON BACK

ANDREWS ACADEMY PRESCHOOL

SUMMER CAMP REGISTRATION FORM 2018

Primary Parental Contact: _____	Relationship: _____
WORK #: (____) _____	CELL #: (____) _____
EMAIL: _____	
<i>If Different from Child:</i>	
ADDRESS: _____	HOME #: (____) _____

Secondary Parental Contact: _____	Relationship: _____
WORK #: (____) _____	CELL #: (____) _____
EMAIL: _____	
<i>If Different from Child:</i>	
ADDRESS: _____	HOME #: (____) _____

EMERGENCY CONTACTS OTHER THAN PARENTS:

1. _____	_____	_____
NAME	RELATIONSHIP	PHONE #s
2. _____	_____	_____
NAME	RELATIONSHIP	PHONE #s

CHILD'S PHYSICIAN: _____ PHONE: _____

PREFERRED HOSPITAL: _____

MEDICATION/RESTRICTIONS/SPECIAL NOTES: _____

*If your child must receive medication during camp, please fill out a **Medication Authorization Form**. All medication is to be kept in the office and will not be given without a completed and signed Medication Authorization Form. Medication forms are available in the school office.*

MEDICAL RELEASE: I do hereby grant permission to Andrews Academy Summer Camp to secure such medical aid and hospital service as the employees of Andrews Academy deem necessary for my child in the event he/she should sustain an injury or illness while attending camp. I understand that a body temperature of 100 degrees or more **will require me to immediately pick up my child from camp**.

PERMISSION TO PHOTOGRAPH: I acknowledge that my child might be photographed while participating in camp activities and that these photos may be used by Andrews Academy for the promotion and marketing of Andrews Academy Summer Camp. I understand that it is my responsibility to notify Andrews Academy, in writing, if I do not wish to have my child photographed.

PLEASE SIGN BELOW:

I HAVE READ THE REGISTRATION MATERIALS IN FULL AND AGREE TO THE ABOVE STATED AUTHORIZATIONS. I ACCEPT RESPONSIBILITY FOR THIS CHILD'S FULL TUITION AND UNDERSTAND THAT ALL CAMP FEES MUST BE PAID IN ADVANCE OF ATTENDANCE.

*** **Parent's Signature**

Date

Print Name of signer here: _____

Andrews Academy Summer Camp 2018

Pick-Up Authorization Form

One form per family or last name

Last Name of Camper(s): _____

Camper's First Name: _____

Camper's First Name: _____

Parent/Guardian #1

Parent/Guardian #2

List additional persons authorized to pick up your child from camp and/or daycare:

Name

Relationship to child

Phone #

1. _____

2. _____

3. _____

4. _____

5. _____

Parent/Guardian's Signature: _____ Date: _____

Phone Numbers to reach Parent/Guardian: _____

Notes:

PLEASE RETURN THIS COMPLETED FORM WITH YOUR REGISTRATION FORM