

WELCOME TO SIMPLY SUMMER 2011!

The summer enrichment program provides many sensory experiences and developmentally appropriate activities in music, movement, literature and art for the preschool child. School age children will enjoy a variety of arts, crafts, music, and visits by some special guests. All will be provided in a Christian environment. Children who turn 2 by November 2011 through 3rd grade may enroll. There is a possibility there may be no air conditioning due to the replacement of the chiller.

REGISTRATION BEGINS AT 8:30 a.m. in the Preschool office on the following dates: Classes are filled on a first come, first serve basis.

- MARCH 7th** at 8:30 a.m. Currently registered families
MARCH 14th at 8:30 a.m. Returning families, Church Members & families registered for Fall 2011-2012
MARCH 17th at 8:30 a.m. New Families

Registration fees are due at registration and are **NON-REFUNDABLE**. Children born November 2009 through pre-K will be placed in age appropriate groups. If there is sufficient enrollment for children who have completed Kindergarten and are no older than having completed 3rd grade, we will offer a class for school age children. Your child's class assignment will be available by **APRIL 8, 2011**. If classes are filled, your child will be placed on a waiting list; and the registration fees will be returned.

Simply Summer 2011- PROGRAM WEEKS

Choose 1, 2, or 3 day classes. Classes meet:
 Tuesdays, Wednesdays, Thursdays: 9:00am to 1:00 p.m.

SESSION ONE -

June 7th, 8th, 9th; June 14th, 15th, 16th; June 21st, 22nd, 23rd

One week break for Epworth Vacation Bible School

**Vacation Bible School meets June 27th - July 1st **

Registration forms for VBS will be available May 7th

SESSION TWO -

July 5th, 6th, 7th; July 12th, 13th, 14th; July 19th, 20th, 21st

What do I bring to school?

Light nutritious snack and lunch with a drink, change of clothes and a hat (all ages). Remember to bring diapers and wipes for the little ones. Please put sunscreen on your children before sending them to school, as we will spend time in the sun.

Prices per Session:

- | | | |
|--------|-----------|---------------|
| 1 day | \$ 65.00 | 9:00am-1:00pm |
| 2 days | \$ 125.00 | 9:00am-1:00pm |
| 3 days | \$ 188.00 | 9:00am-1:00pm |

Registration Fees:

- \$20 per family for both sessions
 \$15 per family for one session only
After April 8th: \$15 per family per session

Session One Tuition Due: April 29th
 Session Two Tuition Due: May 27th

If tuition is not received in full by above dates, we reserve the right to fill your child's space.

Please fill out and detach form below to register
FAMILY REGISTRATION CARD SIMPLY SUMMER 2011
 Epworth Weekday Children's Ministries

Child's Name: _____ Child's Date of Birth: _____ Current Class/Grade: _____
Last First Middle Initial

Mother's Name: _____ Father's Name: _____ Home Phone #: _____

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

Please list any known or suspected allergies and required treatment: _____

Is your child working with a therapist at this time? Yes No
 Does your child have an I.F.S.P. or an I.E.P.? _____

Session One: (June) Tuesday _____ Wednesday _____ Thursday _____ 1 Day (\$65) _____ 2 Days (\$125) _____ 3 days (\$188) _____
 Session Two: (July) Tuesday _____ Wednesday _____ Thursday _____ 1 Day (\$65) _____ 2 Days (\$125) _____ 3 days (\$188) _____

You will receive notification of your child's class assignment by **April 8, 2011**. In order to reserve the space for Session One, tuition must be received in full by April 29th. Tuition for Session Two must be received by May 27th in order to guarantee your child's space in Session Two. If tuition is not received in full by the above dates, we reserve the right to fill your child's place.

Please remember to turn in or update health forms by May 20th, 2011

Parent's Signature _____

Yes, I am interested in enrolling my child in Epworth Vacation Bible School June 27th - July 1st (9:00am-12:00pm)

Check No. _____ Date _____ Amount _____
OFFICE USE



CLASSROOM INFORMATION & EMERGENCY FORM
Epworth Weekday Children's Ministries, A Ministry of Epworth United Methodist Church
Simply Summer 2011

6450 Allisonville Rd., Indianapolis, IN 46220

PHONE: (317) 251-1483

FAX: (317) 466-0503

Current Class/Grade: _____ Home Phone: _____ Birthdate: _____

Child's last name: _____ First name: _____ M or F _____ Nickname: _____
circle

Mother's Name: _____ Daytime Phone : _____ Cell: _____

Father's Name: _____ Daytime Phone: _____ Cell: _____

Home Address: _____ City: _____ Zip Code: _____

Provide a 4 digit number for your Security System Access Code: _____ - _____ - _____ - _____ *

Please pick four digits as your PIN, You will Enter this PIN followed by the asterik at the door

If both parents work during the day, who cares for the child when not at school? _____

Person(s) to call in an Emergency: (to whom child may be released if guardian is unavailable)

1. _____ Relationship to Child: _____ Phone Number: _____
2. _____ Relationship to Child: _____ Phone Number: _____
3. _____ Relationship to Child: _____ Phone Number: _____

Persons unknown to teachers will be asked for identification. The school must be notified in writing (in the event of emergency we may be notified by phone) if the child is to be picked up by anyone other than the above. Parent must give verbal or written permission for their child to go home with a friend from EWCM.

EMERGENCY INFORMATION

Name of Child's Physician: _____ Location: _____ Phone Number: _____

Name of Child's Dentist: _____ Phone Number: _____
Please note Dentist if applicable

Child's Health Insurance: Name of Insurance Plan: _____ ID# _____

Subscriber's Name (on insurance card): _____ GROUP # _____

Transport Arrangement in a Medical Emergency:

If your insurance requires use of a certain Ambulance Service, please list it here. 911 will be used to dispatch emergency care for your child. You may request a specific hospital (please note if your insurance requires it) or you may choose to write, "closest hospital for medical need."

Ambulance Service _____ Preferred Hospital _____

ANY KNOWN ALLERGIES/CONDITIONS (Please include detailed and specific treatment for any allergic reaction) If your child has Asthma or requires the use of an EpiPen for an allergic reaction, please note on here and request a Medical Release Form.

As parent/guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. In case of emergency evacuation I give permission for my child to be transported off site to a safe location. I give consent for the emergency contact person listed to act on my behalf until I am available. I give my consent for suntan lotion and / or mosquito repellent to be applied to my child.

Date: _____ Parent/Guardian Signature _____