



Summer Sun

An all-inclusive day camp focusing on nature, community, and play, in the Lindley Park Neighborhood.

Camp Descriptions:

- **June 14 – 18 Neighborhood Journey Part 1:** Come explore the neighborhood's parks and natural areas, including: the Arboretum, Lindley Elementary nature trail, Lindley Park, and much more! Come prepared for lots of outdoor fun and investigation!
- **June 21 – 25 Camping:** Learn how to pitch a tent, build a shelter, identify plants, and become one with nature.
- **June 28 – July 2 Environmental Art:** Create works of art using nature's materials. Learn about British Environmental Artist, Andy Goldsworthy and other artists inspired by the outdoor world.
- **July 12 – 16 Drama/Moviemaking:** Come write, act, direct, and design costumes for your own movie!
- **July 19 – 23 Cooking/Baking:** Spend some time in the kitchen with a local chef preparing yummy foods and visit the neighborhood bakery.
- **July 26 – 30 Spiders and Snakes:** Co-op's playgrounds are rich with creatures of all shapes and sizes. Explore this critter-filled environment and learn who's living there and why.
- **August 2 – 6 Lego building:** Come build, build, and build some more with Legos! Learn about planning, design, structure, and style.
- **August 9 – 13 Water Fun:** Get ready for some serious water play action!
- **August 16 – 20 Neighborhood Journey Part 2:** Explore more of what the neighborhood has to offer. Visit two local groceries, a bakery, restaurants, and more.

***Also included: Swimming once a week with pizza lunch**

Ages 5-11

Hours: 9:00am-3:00pm

Early drop off: 7:45am

Extended care until 5:30pm

Cost: \$130/per week

\$15/per week for early drop off and extended care

- Sign-ups will be first come, first serve and **space is limited!**
- Payment in full will be due upon registration
- The camp costs are **all-inclusive!** No extra cash needed for the summer!



College Hill Childcare Cooperative Summer Program Registration Form

Child's Full Name _____ Name they go by _____

Age _____ Birth date _____ Gender _____

Last School Attended _____ Last Grade Completed _____

Parent(s)/Guardian(s) _____

Home Address:

Phone: Home (____) _____

Street _____

Work (____) _____

City, Zip Code _____

Mobile (____) _____

Email address _____

I wish to enroll my child in the following session(s): (Check applicable sessions)

_____ Session 1 *June 14-18 Neighborhood Journey Part 1*

_____ Session 2 *June 21-25 Camping*

_____ Session 3 *June 28-July 2 Environmental Art*

_____ Session 4 *July 12-16 Drama/Moviemaking*

_____ Session 5 *July 19-23 Cooking/Baking*

_____ Session 6 *July 26-30 Spiders and Snakes*

_____ Session 7 *August 2-6 Lego Building*

_____ Session 8 *August 9-13 Water Fun*

_____ Session 9 *August 16-20 Neighborhood Journey Part 2*

Extended care needed: Morning _____ Afternoon _____

Ages: 5-11

Hours: 9:00am-3:00pm

Cost: \$130/per week

Early drop off: 7:45am

\$15/per week for early drop off and extended care

Extended care until 5:30pm

Please make checks payable to: College Hill Childcare Co-op

College Hill Co-op Summer Program Medical Information and Permission Form



Permission is hereby granted for my child _____

- To participate in all of the activities of the summer program and use all of the educational and play equipment of the facility and to leave the childcare premises on field trips.
- To be included in pictures connected with the

Summer Program.

Permission is hereby granted for Summer Program staff members to take my child to an emergency room or nearby physician for treatment in case of illness or injury. It is understood that the Summer Program staff will make every effort to contact the parent(s)/guardian(s) of the child or their contact person should they be unavailable. Summer Program staff will also attempt to contact the family physician.

Permission is hereby granted for Summer Program staff members to administer the medications checked off below without having to notify the parent(s)/guardian(s):

_____ Acetaminophen	_____ Ibuprofen
_____ Benadryl	_____ Cough suppressant
_____ Stomach medication	_____ Other (specify) _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

Insurance Carrier _____ Policy # _____

Contact person _____ Phone _____

Hospital preference when available _____

Please list and describe any allergies, conditions, or behavioral needs your child may have and what, if any, medications they will be taking while at the Summer Program. All medications will be administered by Co-op staff.

Parent/guardian signature _____ Date _____