



320 E. Swamp Road
Doylestown, PA 18901
215-345-9775

www.dumcpreschool.org
dumcpreschool@verizon.net

SUMMER CAMP 2024

Every day your camper will enjoy Arts and Crafts, Music, Themed activities, Games, Water Play, Stories, and more!

Featuring Weekly Themes:

May 28-31 ~ **Splish Splash Water Fun!**

Hope you have your sunblock packed for this blast of fun in the sun!

\$140 per child

June 3-7 ~ **Fun with Dinos**

Learn to be Paleontologists! Join us as we learn about these enormous creatures!

\$145 per child

June 10-13 ~ **Summer Olympics**

Show your patriotic spirit for our 2024 mini-Olympic Games!
Let's cheer for the red, white & blue!

\$140 per child

Registration fee: \$10.00
(one registration fee per family)

**** Camp is open to 3-6 year olds *with prior school experience* ****
(ALL campers must be potty trained : NO "Pull-ups" allowed)

9:00am~11:30am

Space is Limited: REGISTRATION IS ACCEPTED ON A FIRST COME, FIRST SERVED BASIS.



SUMMER CAMP 2024

Notes to Notice for Parents:

1. REGISTRATION & CONFIRMATION:

- ◆ **Enrollment will be on a first come, first serve basis**
- ◆ Submit your completed registration & emergency contact form, **AND** your full payment for the camp week
- ◆ You will be contacted the week prior to your selected week and advised what color group your child is in

2. WHAT TO WEAR TO CAMP:

- ◆ **Sunscreen!** Please apply sunscreen prior to camp
- ◆ **Bathing suit** under shorts and shirt, or bathing trunks and a shirt. **NO "Pull-ups" allowed.**
- ◆ **Shoes** should be easy to get on and off (water shoes are acceptable)
- ◆ Bring a **pool towel**
- ◆ A sun cap or **hat** is suggested
- ◆ No tote bags, backpacks, or water bottles

3. LABEL EVERYTHING your child brings to camp, including shoes, towels, and clothes worn over bathing suits

4. ARRIVAL: Camp begins promptly at 9:00 am

- ◆ Park in our main parking lot and walk your camper to your assigned color-coded table to sign-in

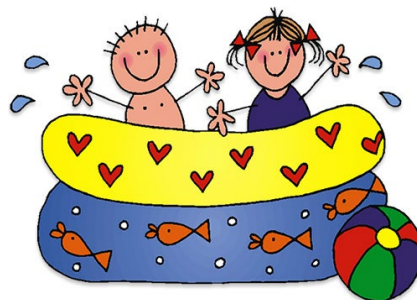
5. DISMISSAL: Camp ends promptly at 11:30 am.

- ◆ Parents are asked to wait outside at their drop off table and your child will be dismissed to you

6. SNACK IS PROVIDED: no peanuts, tree nuts; water is provided

We hope every day at camp is special for your child.
Remember, camp is a place to learn, explore, and achieve,
but most of all, have FUN!

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE



SUMMER CAMP 2024

**** ACCEPTED ON A FIRST COME, FIRST SERVED BASIS ****

REGISTRATION IS DUE BY MAY 15th

A registration fee of \$10 per family *and* the weekly tuition is due **NOW**, payable to the *Preschool at DUMC*.

The registration fee is NON-REFUNDABLE; camp fee refundable until 5/15/24

Children must be between 3-6 years old, toilet trained (no "Pull-ups" allowed) and have prior pre-school experience.

****The emergency contact form on the reverse side MUST be completed.****

Please fill out a separate form for each child you are registering.

Child's Name _____

Birthdate _____ M: _____ F: _____

Parent's names _____

Address _____

City, State, Zip _____

Mom cell _____ Dad cell _____

Email address _____

Current teacher at DUMC _____

Current preschool (if not DUMC) _____

Please check which week(s) your child will be attending:

Week:	Theme:	Tuition:
_____ May 28-31	Splish Splash Water Fun (4 days)	_____ 140.00
_____ June 3-7	Fun with Dinos (5 days)	_____ 145.00
_____ June 10-13	Summer Olympics (4 days)	_____ 140.00
	Registration Fee: (ONE PER FAMILY)	_____ 10.00
	Total Due Upon Registration:	_____

Please list any friends of your child who will be attending camp: _____

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Emergency Contact Information

List at least 2 emergency contacts (other than parent or guardian).

These contacts should be available during the day and reside locally.

1. Name _____
Relationship _____
Home# _____ Cell# _____

2. Name _____
Relationship _____
Home# _____ Cell# _____

Authorization:

I attest that the above-named people have my permission to act on my behalf in the event of an emergency concerning my child. I also grant permission to the Doylestown United Methodist Preschool Camp Staff to transport my child by private vehicle, or ambulance, to receive prompt medical treatment in the event of an emergency.

Parent/Guardian Signature: _____

Print name: _____

During camp time: phone #: _____

cell #: _____

List any conditions, allergies, or concerns you feel we should be aware of regarding your child:

Please send this completed page with your **full** payment to:

- Summer Camp -
The Preschool at DUMC
320 E. Swamp Road
Doylestown, PA 18901