



# Apple Tree Preschool Summer Camp



117 Main Avenue East  
West Fargo, ND 58078  
(701) 306-2291  
(218) 790-5327



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**AppleTree**  
PRESCHOOL

*Sessions have limited availability. Fees include Apple Tree Camp T-Shirt. A non refundable camp fee of \$105 per session week is due upon registration.*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

Circle Session Desired : 1 2 3 4 5 Amount enclosed: \$ \_\_\_\_\_

# Summer Camps



We have exciting plans for your preschool child. Our camp is all about learning and having FUN together! We will be doing creative art, singing fun songs, playing games and learning some facts about our theme.

We will spend our half day “camping” with your preschooler. Each day’s activities are planned around our weekly theme. Our goal is to engage their interest and expand their learning experience.

### PICNIC TIME

Our campers are asked to bring a sack lunch each day as no camp is complete without a picnic.

## Session Dates and Themes

Camp Date	Theme
1 June 6-9	Nature Adventures
2 June 13-16	Summer Scientists
3 June 20-23	Super Heros
4 July 27-30	Fun on the Farm
5 August 1-4	Exploring with our senses

## Daily Schedule

8:30	Welcome (Center time)
9:15	Group time *songs, fingerplays and theme talk
10:00	Creative Time *art and science
10:45	Time to Get Busy *games and large movement
11:30	Story Time
11:45	Picnic Lunch (child should bring a sack lunch)
12:30	Pick up your camper

## Camp costs

**A non-refundable camp fee of \$110 is due up on registration. Camp fee includes an Apple Tree T-Shirt!**

## AUTHORIZATION RELEASE

I hereby authorize the Apple Tree Preschool Camp personnel to secure emergency medical treatment for:

Child’s name: \_\_\_\_\_

Physician to call:  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : (    ) \_\_\_\_\_

If that physician is not available, I hereby give authorization to call any qualified physician, clinic or hospital. I understand that Apple Tree Preschool personnel will contact me before requesting medical treatment, if possible.

\_\_\_\_\_  
Parent /Guardian Signature

Date: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

\*\*\*\*\*  
My child, \_\_\_\_\_, has permission to go on walks and fieldtrips with the Apple Tree Preschool Camp staff.

\_\_\_\_\_  
Parent /Guardian Signature

\*\*\*\*\*  
My child, \_\_\_\_\_, has received all of the immunizations as required by the State Department of Health for his/her age.

\_\_\_\_\_  
Parent /Guardian Signature

Any Allergies? Please list here:  
\_\_\_\_\_