



Apple Tree Preschool Summer Camp



AppleTree PRESCHOOL

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



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West Fargo, ND 58078

AppleTree
PRESCHOOL

Sessions have limited availability. Fees include Apple Tree Camp T-Shirt. A non refundable camp fee of \$125 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 3-6	Around the Campfire
2 June 10-13	Space Explorers
3 June 17-20	Under the Sea
4 July 29- 1	Lil Scientists
5 Aug 5-8	Jungle Adventures

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 \$125 is due upon 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:
