

APPLE TREE PRESCHOOL

SUMMER CAMP 2025

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.

| Session | Dates | Camp Theme |
|---------|--------------|--------------------|
| 1 | June 2 - 5 | Camping Adventures |
| 2 | June 9 - 12 | Dazzling Dinosaurs |
| 3 | June 16 - 19 | Watch Us Grow |
| 4 | June 23 - 26 | Wonders of Water |
| 5 | August 4 - 7 | Building Together |



117 Main Ave. E West Fargo

Sessions have limited availability. Fees include one Apple Tree Camp T-Shirts. 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: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Circle Session Desired: 1 2 3 4 5

Amount Enclosed: _____

Daily Camp Schedule

| |
|---|
| 8:30 – Welcome |
| 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 |

For more information call:

Jayne 218-790-5327

Kelly 701-306-2291

Appletree-preschool.com

Authorization Release

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

Child's Name: _____

Physician name to call: _____

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.

Date: _____ **Phone:** _____

List of Allergies:

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 the immunization as required by the State Department of Health for her/his age.

Parent/Guardian Signature

