

Apple Tree Preschool

Summer Camp

2026

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 1 - 4	Camping Adventures
2	June 8 - 11	Amazing Rainbows
3	June 15 - 18	Superheroes
4	June 22 - 25	Bugging Out
5	August 3 - 6	Summer Science



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

