



It's a Cool Summer at Golden Pond School! Summer Camp 2012

Dear Families,

We are very excited about our upcoming Summer Camp at Golden Pond School! The campers and counselors are looking forward to spending time together and enjoying the sun and the fun of the Summer Camp experience. For our preschool and school age children there will be cooking, in-house field trips, art, water activities, science, stories, games, sports, drama, and daily hands on thrills. This summer we are offering an extended day for the school age children as well as a two year old class!

Summer time is a great time to build friendships. We have so many exciting activities planned to engage your child's imagination. For our morning campers, we plan to bring in a magician, a petting zoo, a soccer expert and some huge, combination bounce houses for all ages to enjoy! The extended day campers will be going on weekly library trips and weekly field trips to places like the National Zoo, Riverbend Park, and even the Natural History Museum. All of our campers are going to look forward to exciting water play on our brand new oversized water slide! At Golden Pond School, your child will experience plenty of activities geared to inspire creativity, encourage tons of movement, and also bring a smile to their faces.

The attached Summer Camp brochure outlines the exciting details of some of the wonderful events your child will be enjoying. We will begin to accept enrollments for Summer Camp beginning immediately. We look forward to seeing everyone here for the summer!

Sincerely,

Angela Dudek

Assistant Head of School

GOLDEN POND SCHOOL

43940 Farmwell Hunt Plaza, Ashburn, VA 20147
Phone: (703) 723-7663 Fax: (703) 723-9166

2012 Summer Camp Program Request Form

New Camper Returning Camper

A Program Request form must be completed for each child.

Student Name: _____ Nickname: _____ Date of Birth: _____ M/F

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Home Phone: _____

Father's Name: _____ Home Phone: _____

- Complete this program request and emergency form and return with the **non-refundable \$50 enrollment fee per family and full payment for all weeks attending.**
- Preschoolers must be 2 years old by May 31, and 3 year olds must be fully potty trained.
- **You are financially responsible for each week your child is enrolled regardless of attendance.** With a 14 day notice, you may change your selected week. Your notice must be given in writing and would include a \$15 change fee. Any cancellations beyond 14 days will be non-transferrable and non-refundable.

▪ **Camp T-Shirts** (check one) Size XS (2-4) Size S (6-8) Size M (10-12) Size L (14-16)

Camp Hours (check one)

Preschool (ages 2-4)

Age child will be by 1st day of camp: _____

Morning Camp 9:00 a.m. - 1:00 p.m. (\$225/wk)

School Age (entering KND-Grade 2)

Grade student will be entering: _____

Morning Camp 9:00 a.m. – 1:00 p.m. (\$225/wk)

Before Camp 7:30 a.m. – 9:00 a.m. (\$25/wk)

Extended Day 1:00 p.m. - 6:00 p.m. (\$100/wk)

Program Weeks (check all that apply)

Week 1 June 18-22

Week 4 July 9-13

Week 7 July 30-August 3

Week 2 June 25-29

Week 5 July 16-20

Week 8 August 6-10

Week 3 July 2-6 (closed on 4th)

Week 6 July 23-27

Week 9 August 13-17

Preschool and School Age additional offerings: (check one if applicable)

Drop-in Half-Day (\$55/Day) (Date) _____

Drop-in Full-Day (\$100/Day) (Date) _____

Drop-in Hourly (\$15/Hour) (Date) _____ / (Time) _____

Permission Information- Please CIRCLE either May or May Not for each permission below.

1. Golden Pond School **MAY/ MAY NOT** administer first aid for such things as scratches, insect bites, etc.
2. Golden Pond School **MAY / MAY NOT** print my address, phone number, and e-mail for distribution within the school.
3. Photos taken of my child **MAY / MAY NOT** be used for use in GPS marketing.
4. My child **MAY / MAY NOT** participate in wading pool and/or sprinkler activities.

Parent Signature _____ Date _____

Identity Verification-(New GPS Students Only)

(For office use only)

Place of Birth _____ Birth Date _____

Birth Certificate/Passport Number _____ Date Issued _____

Camp Administration Signature _____ Date _____

EMERGENCY INFORMATION

Camper's Name: _____ Nickname: _____ Birth Date: _____ M/F
Address: _____ City: _____ State: _____ Zip: _____
Mother's Name: _____ Father's Name: _____
Email: _____ Email: _____
Address: _____ Address: _____
(If different from student) (If different from student)
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Mother's Employer: _____ Father's Employer: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____

Two Emergency Contacts - Mandatory

Please list two people (within a 30 mile radius) who may be contacted and are authorized to pick-up in an emergency when parents cannot be reached.

1. Name: _____ Phone: _____ Relationship: _____
Complete Address: _____ City: _____ State: _____ Zip: _____
2. Name: _____ Phone: _____ Relationship: _____
Complete Address: _____ City: _____ State: _____ Zip: _____

Who May Pick up Child (other than parents)?

1. _____ 3. _____
2. _____ 4. _____

Who May NOT Pick up Child?

1. _____ 2. _____

Health Information

- Does your camper have any special needs that may require our special attention? Yes / No (Please explain)
- Needs and/or Restricted Activities: _____
- Please list Allergies/Medications/Dietary needs: _____
- For severe allergies, does your child require an EpiPen? Yes / No
- Camper's Physician: _____ Phone Number: _____
- Please list any additional programs or schools this child is attending: _____

Insect Repellent Policy- If you require us to apply insect repellent to your child, you will need to fill out a 'written medication consent form' (available at the front office).

Emergency Information

In case of an accident or serious illness, I request that Golden Pond School contact me. If GPS is unable to reach either parent or emergency contact, I hereby authorize GPS to contact a physician and transport this child to the physician or hospital for purposes of receiving medical treatment, which, in their judgement, may be deemed necessary in the case of this child. It is understood that I assume responsibility for the payment of all medical fees. I warrant that this child is insured adequately against accident and sickness expense under Policy No. _____, issued by _____ in the name of _____.