



weeschool

“Summer Fun in the Sun”



**We are now enrolling
ages 1 – 3rd grade for our
Summer Fun Camp!**

Eight weeks of Summer Fun:

Monday -Friday

June 3rd (Monday) - July 31st (Wednesday)

we will be closed July 4th and July 5th

No Registration Fee for current students

**An 8 week program offering
high energy, action packed days:
including waterday for ages 2 and up on Wednesdays, arts
and crafts, Bible stories, lots of outdoor play, big
screen movies, weeworship Fridays and much more!!**

**This program is a non-profit ministry of
Jubilee Shores United Methodist Church**

**Registration is limited and is operating on a first come, first serve basis.
Summer Program tuition is due during the first week of June and July
there are no registration fees for current students
Registration fees for new students only : \$ 30.00**

Monthly Tuition Rates:

Monthly Tuition for Early Morning 7:30am-9:00am:

One day: \$25.00/monthly
Two days: \$45.00 /monthly
Three days: \$65.00/monthly
Four days: \$85.00/ monthly
Five days: \$100.00/monthly

Monthly Tuition from 9:00am– 1:00pm:

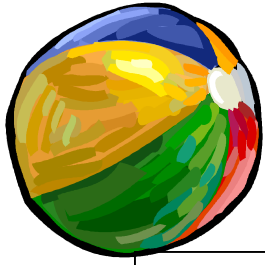
One day \$85.00 / monthly
Two days \$150.00 /monthly
Three days \$175.00 /monthly
Four days \$200.00 /monthly
Five days \$225.00 /monthly

Monthly Tuition for After School 1:00pm-5:00pm:

One day \$65.00 /monthly
Two days \$ 100.00 / monthly
Three days \$ 125.00 / monthly
Four days \$150.00 / monthly
Five days \$ 175.00 / monthly

****water games on Wednesday for ages 2 and up***

****weeworship on Friday***



wednesday

water game reminders

Apply sunscreen every morning before arrival, you may put some in their bag for reapplication

Label everything your child brings with them, (no-spill cups, towels, hats, bag, bathing suit, sunscreen etc.)

Every age group will need to bring 2 no spill cups- FULL

Make sure they have a labeled towel

three and four year olds come dressed in their bathing suits also wearing swimmers if they are not completely

Always make sure they have a set of dry clothes in their bag

Wednesday: two year olds come dressed as normal with bathing suit and little swimmers in their bag

water games will be held on Wednesday for ages 2 and up

we do not have extra towels and clothes for the children that do not bring them



weeschool Fee Schedule

Child's name _____

Home address: _____ City: _____ State _____
Zip code _____

Last Class Completed:

Nursery One Year Two Year Three Year Four Year/Pre-K

Elementary School grade completed:

Kindergarten First grade Second Grade Third Grade

**Director
only**

\$ _____

Which early mornings (7:30 am - 9:00 am) will they be attending?

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

1 day: \$25.00 **2 days:** \$45.00 **3 days:** \$65.00 **4 days:** \$85.00 **5 days:** \$100.00

\$ _____

Which 9 am - 1 pm days will they be attending?

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

1 day \$85.00 **2 days** \$150.00 **3 days** \$175.00 **4 days** \$200.00 **5 days** \$225.00

\$ _____

Which afterschool days (1:00 pm– 5:00 pm) will they be attending?

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

1 day \$65.00 **2 days** \$100.00 **3 days** \$125.00 **4 days** \$150.00 **5 days** \$175.00

**monthly
total**

Summer Only Student Registration Fee \$25.00 **pd** _____ **ck#** _____

\$ _____

I agree to pay the following monthly tuition for the number of days
I have chosen. **Signature**



Emergency Contacts:

Classroom / Teacher Information

Child's Name: _____ Gender _____ Date of Birth : _____
Please list allergies / special conditions your teacher should know about
allergies/conditions: _____

Release of Child:

please list parents in the order in which we should call

I authorize that my child be released by JSUMC weeschool to the following persons:

Parent #1 Name : _____ 1) Cell Phone # _____
2) email address _____
Can #1 be reached during school hours: yes no which works better: text or phone call

Parent #2 Name : _____ 1) Cell Phone # : _____
2) email address : _____
Can # 2 be reached during school hours: yes no which works better: text or phone call

Persons to be contacted if parent /guardian can't be reached, please list in the order in which we should call

Contact # 1	Name: _____	child calls them _____
Contact Phone # :	_____	Contact Phone #: _____
City _____	State: _____	Relationship to child: _____

Contact # 2	Name: _____	child calls them _____
Contact Phone # :	_____	Contact Phone #: _____
City _____	State: _____	Relationship to child: _____

Contact # 3	Name: _____	child calls them _____
Contact Phone # :	_____	Contact Phone #: _____
City _____	State: _____	Relationship to child: _____

Office Use only: did parent sign a medication release form: yes <input type="checkbox"/> no <input type="checkbox"/>
Does the child require Epi Pen for allergies: yes <input type="checkbox"/> no <input type="checkbox"/>

Parent Signature: _____ **Date:** _____

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Medication Release Form

If at any time your child becomes ill and needs medication, the teacher cannot administer the medicine without this form being signed.

I, as legal guardian, give my permission to JSUMC weeschool to administer any medication that I may provide (with written directions) to my child as needed.

Signature: _____

For Daily Medication Dispersed due to an ongoing condition:

Child: _____

Date: _____

Medication: _____

Reason for Medication: _____

What time should it be taken? _____

Frequency _____ Duration _____

Dosage _____

Special Instruction for administering the child's medication
(a sippy cup, pacifier medicator, etc.)

Prescription or over the counter (circle)

Prescribed by whom: _____

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Emergency / First aid / Medical card

Physician's Name _____

Physician's Phone Number _____

Age _____ Weight _____

Medical conditions: _____

Allergies to medications: _____

Regular Medications Taken: _____

Hospital to be taken to - in case of emergency: _____

Family Religious Preference _____

Church Attending if applicable _____

Insurance Company Name: _____

Group #: _____ Policy# _____

Policy holder: _____

Doctor Name: _____

Doctor Phone # _____

Doctor's Address: _____ City: _____

State: _____ Zip: _____

Emergency Authorization:

I give permission to *JSUMC weeschool* program to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Special Instructions / hospital preferences:

Parent Signature: _____ Date: _____