



The Children's Garden

A Community Preschool Program

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The Children's Garden Summer Program 2015

The beautiful carefree summer days of childhood are vibrant and blooming at The Children's Garden!

The centerpiece of our morning is play – free, creative and unstructured play, indoors and outdoors – the true work, joy and developmental training ground of young children.

Outdoors, children will experience the summer beauty of our play yard and Grant Park. Sand and water play with pails, shovels and tiny boats made of bark or leaves; bubbles, wood planks and tree stumps are among the children's playthings. Indoors, our teachers provide a rhythm of activities designed to bring balance to a child's day, and a wealth of natural materials to give wings to the imagination. Our week includes lively stories, singing and circle games, baking or cooking, painting, handcrafts, gardening and nature walk.

Our summer program is taught by our trained teachers. **It is open to children who are between the ages of 2 1/2 years to 6 years, as of June 1st.** (Children under age 3 being enrolled in the summer program, must have attended The Children's Garden in the past year. If new to TCGP, please discuss with the director first, before enrolling for summer).

The summer program operates **9:30am to 1:30pm Tuesday, Wednesday and Thursday each week, from June 2nd to August 27th** (weeks and exact dates are listed on the registration form).

The weekly fee is \$125 and includes **all** program costs including snack and craft supplies. Children will need to bring a lunch from home. Our summer program includes a delicious, communal organic snack that the children will help prepare daily. Weekly snacks include *fresh fruit salad, fresh baked bread (on baking days) and home-made hummus with fresh veggies.*

There is a non-refundable **\$45 registration fee** for the summer program, to be paid at the time a child is registered. When registering a child, select the weeks you would like your child to attend. Summer program tuition is **due in full no later than May 18th, 2015.** If you are registering prior to May 18, an invoice will be emailed to you. If tuition is not paid in full by May 18, your child's placement cannot be guaranteed. . Any registration after May 18 must have prior TCGP approval and be paid in full. Additional weeks may be added after May 18, provided space is available.

There will be **no refunds or credits for any days missed** by a registered child.

Weekly sessions must meet minimum enrollment. In the event TCGP must cancel any week of summer program due to the enrollment minimum not being met, parents will be notified immediately and a credit or refund will be issued to affected families.

Child and Parent/Guardian Information

(Please complete one for each child)

Child Information

Child's Name: Last _____ First _____ Nickname _____

Date of Birth: _____ Gender: (M/F): _____

Other information you'd like to tell us about your child: _____

Parent/Guardian Information

Parent/Guardian #1 Marital Status: Married Widowed Divorced Single Partnered

Name: _____

Home Address: _____

City, State and Zip: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone number: _____

Occupation: _____

Parent/Guardian #2 Marital Status: Married Widowed Divorced Single Partnered

Name: _____

Home Address: _____

City, State and Zip: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone number: _____

Occupation: _____

Primary Phone Number: _____

Primary Email: _____

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Registration Form

(Please complete one for each child)

Child's Name: _____ Date of Birth: _____

Please select the weeks you are registering for:

2015 Summer Program Dates (\$125 per week)

___ Week 1: June 2 – 4

___ Week 2: June 9 - 11

___ Week 3: June 16 – 18

___ Week 4: June 24 - 25

(CLOSED week of July 4th)

___ Week 5: July 7 – 9

___ Week 6: July 14 - 16

___ Week 7: July 21 - 23

___ Week 8: July 28 – July 30

___ Week 9: August 4 – 6

___ Week 10: August 11 – 13

___ Week 11: August 18 – 20

___ Week 12: August 25 – 27

Registration Fee: \$45 (per child, whole summer). Please note that the Registration Fee is non-refundable. The Registration Fee is due with this Registration Form. As places are available first-come, first-served, this Registration Form and Fee will reserve your child's place prior to May 18. When registering prior to May 18, you will receive an invoice confirming your registration and detailing the tuition due. After May 18, tuition is due in full upon TCGP approval of registration.

Camp Tuition \$125 /wk. x _____ # of Summer Program weeks checked above = \$ _____ + \$45 Reg. Fee = _____

The payment deadline for camp tuition is Monday, May 18.

Parent/Guardian Agreement: I, _____, (please print name) desire to register my child in TCGP's Summer Program. I understand that if registered, I will be responsible for paying the registration fee and tuition as outlined above. I understand that if tuition is not paid in full by May 14, any reserved space will be forfeited. I understand that the information contained in this application form is accurate to the best of TCGP's knowledge, but that TCGP reserves the right to make program or financial adjustments, if necessary to best serve the families and program at TCGP. I understand that by paying the registration fee I am reserving a place for my child at TCGP and that this fee is strictly *non-refundable*.

Signature of Legal Parent/Guardian

Date

Medical & Emergency Information Form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM (one for each child)

Child Name: _____ Birthdate: _____

Family Physician or Pediatrician: _____ Phone: _____

-----**Medical History**-----

1. Is your child under medical care? If so, please explain. _____

2. Is your child taking any medication? If so, please explain. _____

3. Does your child have any medical/physical problems we should be aware of? Please be specific. Include any and all allergies and current treatment. _____

4. If you vaccinate your child, please tell us the date of last Tetanus booster: ___/___/___

5. Any surgical operations in the last year? If yes, please explain. _____

6. Any injuries or accidents in the last year? If yes, please explain. _____

7. In case you cannot be reached provide us with TWO EMERGENCY CONTACTS.

PLEASE DO NOT LEAVE ANY BLANKS HERE.

1st choice: _____ Phone: _____

2nd choice: _____ Phone: _____

8. Please check if the following medicines may be administered to your child:

___ Tylenol or Motrin ___ Benedryl Child's weight ___ lbs.

As parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____ Dates when release is intended: _____