

Childswork Learning Center Summer Camps 2017

**** Explore *** Investigate *** Discover *** Create *** Play****

Join us at Childswork Learning Center for our Summer Camps for 3-6 year old children! Each week will have a theme and include a variety of play, art activities, and movement fun in the Portland sun. Each camp will offer opportunities for different and exciting projects, experiences, and activities. We will use imaginative and observational drawing, painting, clay, paper, natural materials, recycled materials, and classroom manipulatives each week. While themes will be present and classrooms will be saturated with materials and featured choices, our constructive approach of open choices and classroom environments will be maintained throughout summer. There will be outdoor explorations and movement activities offered each day.

Week 1 ~ **Plants, Gardening, and Growing**

June 19-23

This week will explore gardens and growing vegetables and plants. We will use the school's outdoor space, including our new Salmon Creek Nature Area, and garden boxes to learn about seeds, starts, sprouts, and flowers. Indoor activities like observational drawing, decorating planters, and germinating seeds will round out a fun week enjoying our urban agriculture.

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Week 2 ~ **Sharing Stories**

June 26-30

This week we will practice telling and sharing stories. Using classroom materials and our outdoor spaces, children will find stories, learn about settings, develop characters, add details, and make their own books. There may even be some acting! Teachers will share their favorite stories to read aloud. This is a great week to enjoy the chance to be an author!

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Week 3 ~ **Animal Adventure**

*** Three Day Week ***

July 5-7

During this short week, we will explore all sorts of animals. From birds to mammals and reptiles to fish, we'll learn about the amazing diversity of species that share our planet. We'll make a field guide of our neighborhood animals and use clay to make animal sculptures.

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Week 4 ~ **Music, Songs, and Singing**

July 10-14

Music is such a wonderful and powerful part of being human. This week we'll learn new songs, share old favorites, make instruments, practice and see different instruments, go on a musical parade, and so much more. There will be dance parties, too. Lots of dance parties.

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Week 5 ~ **Game Week**

July 17-21

Games give us the opportunity to practice taking turns, develop early numeracy skills, cheer each other on, develop critical thinking skills, and be flexible. Plus, they're just good fun. We'll play board games inside and group games outside. There will be old favorites like Candy Land and Memory and newer games like Robot Turtles and Hoot Owl Hoot.

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Week 6 ~ **Fun and Fitness**

July 24-28

There may be no Summer Olympics and no World Cup Soccer this year, but we'll still practice being active and using our bodies! We'll do stretching, obstacle courses, exercises, sports, and more to keep our bodies moving and growing. We'll eat healthy snacks and learn a little about nutrition.

Week 7 ~ **Kids Cook**

July 31-August 4

A perfect segue out of Fun and Fitness! Join us for this week of food fun. We will make snacks for ourselves, whip up our own play dough, bake a delicious cookie or two, and explore fancy table settings, food groups, and manners.

Week 8 ~ **Box City!**

August 7-11

What makes our communities great? What would we have in our ideal city? We will use boxes of all sizes, urban planning, and various art materials to decorate and add details in this second to last week of camp as we create the ever popular "Childsworld Box City".

Week 9 ~ **Theater Week!**

August 14-18

Lights! Cameras! Action! This week we take to the stage. We'll do reader's theater, write plays, play charades, make costumes, create sets, and put together a thrilling performance. This week we'll practice listening to each other's ideas and channeling our dramatic energy into performance!

Week 10 ~ **Exploring Outer Space**

August 21-25

This week kicks off with a solar eclipse on Monday at 10:00 AM! We'll have protective eye wear and will take the opportunity to enjoy this rare and eerie phenomenon. We'll continue on with a great week learning about planets, stars, comets, rockets, satellites, and anything else from outer space!

Attendance Options and Costs

5 Days = \$160.00

3 Days ~ M/W/F = \$105.00

2 Days ~ T/TH = \$70.00

3 Day Camp (week of July 5-7) = \$105.00

Scheduled explorers hours = \$8/hour

Unregistered/Add-on explorer hours = \$10/hour

- Registration, Emergency Forms, and Authorized Pick-up Forms need to be returned to the office along with payment for the camps you have selected. Unregistered explorers hours will be billed monthly.
- Camp times are 9:00-12:00. Doors will open 8:00 AM with no additional charge for early drop-off.
- Explorers will start at 12:00 and close at 5:00. For ease of scheduling and staffing, we will have pre-set pick-up times scheduled. You will be billed according to the schedule you select. We may need to adjust closing times if enrollment is low. We will keep families informed if we need to close early. Children in Explorers will need to bring their lunch.
- **We will not have drop in care during summer camp season. Camp and Explorers will only be available to pre-registered children. Pre-registered children will be able to add explorers hours at the rates outlined above.**
- Information packets will be sent out via email the week before your registered camp begins. Important information will be included in these confirmation messages.
- **Cancellation Policy:** After registration has been received, we will offer 50% refund on cancellations made 2 weeks prior to the Monday of the camp registered for. After this date, we will not offer any refund.

Summer Camp Registration Form

Child's Name: _____ **Date of Birth:** _____

Parent's Name: _____

Parent's Phone: _____ Email: _____

Please check one option (2, 3, or 5 Day) for each week you would like to join (*camp hours are 9:00-12:00*). Indicate if you will be using Explorers. We offer free early drop off from 8:00-9:00.

Week 1 ~ Plants, Gardening, and Growing

June 19-23

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Week 2 ~ Sharing Stories

June 26-30

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Week 3 ~ Animal Adventure

Three Day Camp

July 5-7

Camp Choice: Check one
9:00-12:00

3 Day, W~F	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	XXXX	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	XXXX	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	XXXX	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	XXXX	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Week 4 ~ Music, Songs and Singing

July 10-14

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Summer Camp Registration Form

Child's Name: _____ **Date of Birth:** _____

Parent's Name: _____

Parent's Phone: _____ Email: _____

Please check one option (2, 3, or 5 Day) for each week you would like to join (*camp hours are 9:00-12:00*). Indicate if you will be using Explorers. We offer free early drop off from 8:00-9:00.

Week 5 ~ Game Week

July 17-21

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Week 6 ~ Fun and Fitness

July 24-28

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Week 7 ~ Kids Cook

July 31-August 4

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Week 8 ~ Box City

August 7-11

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Summer Camp Registration Form

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Parent's Phone: _____ Email: _____

Please check one option (2, 3, or 5 Day) for each week you would like to join (*camp hours are 9:00-12:00*). Indicate if you will be using Explorers. We offer free early drop off from 8:00-9:00.

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Week 9 ~ Theater Week

August 14-18

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

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Week 10 ~ Outer Space

August 21-25

Camp Choice: Check one
9:00-12:00

5 Day, M~F	<input type="checkbox"/>
3 Day, M/W/F	<input type="checkbox"/>
2 Day, T/TH	<input type="checkbox"/>

Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Subtotal: _____

Cost Calculator

Please add your weekly subtotals for your full amount: _____

or use the following table to find your total cost

Quantity	Type of camp	Unit Cost	Amount
	5 day, M~F	\$160	
	3 day (July 5-7)	\$105	
	3 day, M/W/F	\$105	
	2 day T/TH	\$70	
	Explorers Hours	\$8	
		Total	

Summer Camp Registration Form

Child's Name: _____ **Date of Birth:** _____
Parent's Name: _____
Parent's Phone: _____ Email: _____

SUNSCREEN PERMISSION:

We use NO-AD Brand, SPF 30 sunscreen. We have this product available for your inspection. Please sign below if you authorize the staff at Childsworld to apply this sunscreen to your child. Sunscreen will be applied by Childsworld staff to those children staying through the afternoon. There will be a "sunscreen" station for parents to apply sunscreen to their child in the morning.

You are welcome to provide your own, labeled sunscreen for your child if you wish.

Parent Signature

Date

NEIGHBORHOOD WALK PERMISSION:

We use our neighborhood for walks and nature explorations. Our neighborhood is within Hawthorne, Belmont, 39th and 45th. We do not cross any major streets for these neighborhood walks. Please sign below if you authorize Childsworld staff to take your child on these neighborhood walks.

Parent Signature

Date

PHOTO PERMISSION:

We will photograph and video record children for the purpose of bulletin boards, newsletters, teacher or parent education, the website, or Childsworld marketing materials. Please sign below if you authorize Childsworld staff to photograph/video record your child for these purposes.

Parent Signature

Date

Emergency Form

Child's name: _____

Please list any allergies your child may have. Check the reason(s) why and describe the allergic reaction (if applicable):

Allergy	Minor Diagnosed Allergy	Serious Diagnosed Allergy	Is other medicine required?	Is an EpiPen Required	Describe the child's typical allergic reaction
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes No	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes No	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes No	_____

Additional Information: _____

****Before your child is able to attend classes at Childswork, you must schedule a training time to train your child's teachers/staff (along with the Education Director) on the proper use of the EpiPen for your child (staff will not administer without training)****

****In the event that Childswork administers an EpiPen to your child, we will first administer the EpiPen, then call 911, and then contact the family as quickly as possible.****

Please list any other medical issues your child may have:	Is an EpiPen Required	Describe the child's typical reaction
_____	Yes No	_____
_____	Yes No	_____

Does your child require any medicines to be administered during the school day? Yes No

If yes, please explain _____

****Please note any medication that is to be administered at school requires the administering medication form be completed which is located in the school office.****

Please list any special needs, services or IFSP your child has: _____

Student's Doctor's Name _____ **Phone No.** _____

Preferred Hospital _____ **Insurance** _____

_____ **Group No.** _____

Student's Dentist's Name _____ **Insurance** _____

_____ **Group No.** _____

****By signing below I give permission for the following: In an emergency, Childswork Learning Center has my permission to call an ambulance or take my child to any available physician or hospital at my expense and to obtain medical treatment for my child, except for any listed restrictions: _____*

**Parent/Guardian
Signature**

Date



Family Contact Information and Authorized Pick-up Form

Child's Name: _____ Date: _____

Parents Names: _____

Family Contact Information

Address: _____
City State Zip

Email Address(es): _____

Phone Number(s): _____
 Home Cell Work

 Home Cell Work

Authorized Pick-up List

Name *Relationship*

Home Phone *Cell Phone* *Work Phone*

Name *Relationship*

Home Phone *Cell Phone* *Work Phone*

Name *Relationship*

Home Phone *Cell Phone* *Work Phone*

Name *Relationship*

Home Phone *Cell Phone* *Work Phone*

Name *Relationship*

Home Phone *Cell Phone* *Work Phone*

This form is not valid without an authorized signature

Parent/Guardian Signature	Date
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