

Childswork Learning Center Summer Yoga 2017

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

Childswork is happy to announce the return of our summer yoga program! Our classes will introduce your child to basic yoga poses and breathing exercises through story, songs and games. Each class will also include a creative activity that reinforces our yoga practice. A healthy snack of fruits and vegetables will be provided each day, as well as outdoor recess time. Childswork Teacher Mindy Novesky will lead this two day a week camp with support from other Childswork teachers. You will receive an email at the end of each week highlighting what happened in class as well as pictures of all the fun!

- Week 1June 20 & 22
- Week 2.....June 27 & 29
- Week 3.....No Yoga Camp!
- Week 4.....July 11 & 13
- Week 5.....July 18 & 20
- Week 6.....July 25 & 27
- Week 7August 1 & 3
- Week 8August 8 & 10
- Week 9.....August 15 & 17
- Week 10.....August 22 & 24

Yoga camps will run from 9:00-12:00 on Tuesday and Thursday. These two day camps will be a great way to keep school familiar and regular. Children will connect with new friends and learn fun, engaging ways to exercise, control their bodies, and be a part of a community.

Costs and Registration Information

Each week of Yoga camp will cost \$70.00

Scheduled Explorers hours are \$8 per hour.

Unscheduled/Add-on Explorers hours are \$10 per hour.

Children must register for both days of each week they choose. There will be no 1 day options.

- Registration, Emergency Forms, and Authorized Pick-up Forms need to be returned to the office along with payment for the camps and scheduled Explorers you have selected. Add-on 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. This year we will have pre-fixed 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.

Yoga Camp Registration Form

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

Parent's Name: _____

Parent's Phone: _____ **Email:** _____

Please check 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

June 20 & 22

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

2 Day, T/TH	
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Explorers Choices: Check each box you are registering for.

Pick-up Time	Mon.	Tues.	Weds.	Thurs.	Fri.
1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

Weekly Subtotal: _____

Week 2

June 27 & 29

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

2 Day, T/TH	
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Explorers Choices: Check each box you are registering for.

Pick-up Time	Mon.	Tues.	Weds.	Thurs.	Fri.
1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

Weekly Subtotal: _____

Week 3

NO YOGA CAMP

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

2 Day, T/TH	XXXX
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Explorers Choices: Check each box you are registering for.

Pick-up Time	Mon.	Tues.	Weds.	Thurs.	Fri.
1:00	X	X	X	X	X
3:00	X	X	X	X	X
4:00	X	X	X	X	X
5:00	X	X	X	X	X

Weekly Subtotal: _____

Week 4

July 11 & 13

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

2 Day, T/TH	
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Explorers Choices: Check each box you are registering for.

Pick-up Time	Mon.	Tues.	Weds.	Thurs.	Fri.
1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

Weekly Subtotal: _____

Yoga Camp Registration Form

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

Parent's Name: _____

Parent's Phone: _____ **Email:** _____

Please check 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

July 18 & 20

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

2 Day, T/TH	<input type="checkbox"/>
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Explorers Choices: Check each box you are registering for.

Pick-up Time	Mon.	Tues.	Weds.	Thurs.	Fri.
1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

Weekly Subtotal: _____

Week 6

July 25 & 27

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

2 Day, T/TH	<input type="checkbox"/>
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Explorers Choices: Check each box you are registering for.

Pick-up Time	Mon.	Tues.	Weds.	Thurs.	Fri.
1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

Weekly Subtotal: _____

Week 7

August 1 & 3

Camp Choice: Check one
for.

9:00-12:00

2 Day, T/TH	<input type="checkbox"/>
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Explorers Choices: Check each box you are registering

Pick-up Time	Mon.	Tues.	Weds.	Thurs.	Fri.
1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

Weekly Subtotal: _____

Week 8

August 8 & 10

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

2 Day, T/TH	<input type="checkbox"/>
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Explorers Choices: Check each box you are registering for.

Pick-up Time	Mon.	Tues.	Weds.	Thurs.	Fri.
1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

Weekly Subtotal: _____

Yoga Camp Registration Form

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Parents Phone: _____ Email: _____

Please check 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 9

August 15-17

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

2 Day, T/TH	
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Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

Weekly Subtotal: _____

Week 10

August 22-24

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

2 Day, T/TH	
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Explorers Choices: Check each box you are registering for.
Pick-up Time Mon. Tues. Weds. Thurs. Fri.

1:00	X		X		X
3:00	X		X		X
4:00	X		X		X
5:00	X		X		X

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
	2 day T/TH	\$70	
	Explorers Hours	\$8	
		Total	

Yoga 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. _____



Childswork Learning Center

A place of joy, wonder and discovery.

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Fax: 503-234-2593

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 _____