



# Summer Camp 2010!

It is that time of year to begin registration for Summer Camp. We encourage early registration to secure a spot for your child at our Summer Camp. **Methodist employees and full week enrollment will be given priority.**

**WHO?** Children ages 5 years through 9 years old (entering 1<sup>st</sup> – 4<sup>th</sup> grades)

**WHEN?** Tuesday, June 1<sup>st</sup> – Friday, August 13<sup>th</sup>

**WHY?** Because school-age summer care needs to be active as well as informative, MFCCC provides a good release from school while maintaining group skills of cooperation, positive interaction, and good fun.

**WHERE?** The Summer Camp homeroom classrooms are in the Methodist College of Nursing (MCON), East Campus, Lower Level. The MCON is unlocked during the college's business hours; however you should enter Summer Camp through the secured doors at Child Care.

**FEES?** **Tuition:**

Non-Methodist

\$140 for 4-5 days per week

\$ 105 for 3 days per week

\$ 70 for 1-2 days per week

Methodist

\$128 for 4-5 days per week

\$ 96 for 3 days per week

\$ 64 for 1-2 days per week

**Activity Fee:** \$50.00 per child (non-refundable)

An activity fee is collected to cover the costs of materials for crafts and projects and most field trips. **The activity fee will be collected at the time of application.** This fee is collected regardless of schedule or attendance and is non-refundable. This fee is not payroll deducted, so please pay by check or credit card in the Child Care Office.

**PICK 5?** This year we are once again offering Pick 5 (or more)! This means that you choose 5 weeks (or more) out of 11 that are offered that best fits your schedule. Because of the special, short-term nature of this program and the option to choose 5 or more of the weeks you need, **NO vacation will be available.**

**HOW?** **Complete and return the application and activity fee by Friday, April 23, 2010.**

After we receive this information, we will be send out the full enrollment packet, calendar of events, and list of supplies needed for the Summer Camp program.

**\*\*\*All enrollment information and current physical form (dated less than 2 years from the end of the summer camp program) including TB test documentation and immunization record or proof of the immunity must be submitted to the child care office no later than: Monday, May 10, 2010.**



Date Form Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ # \_\_\_\_

METHODIST FAMILY CHILD CARE  
415 ST MARK CT  
PEORIA, IL 61603  
Phone: (309)671-5153

**SUMMER CAMP APPLICATION**

(Complete one form for each child.)

Child's Name \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- I am a Methodist employee and understand that the weekly tuition will be deducted from my payroll check.
- I am not a Methodist employee. I understand that the weekly tuition is due each Monday for the week of attendance.

**SCHEDULE OF CARE FOR SUMMER CAMP:**

(select one)

- 4-5 days per week: \$140/week – Non-Methodist employees or \$128/week – Methodist employees  
(circle days) Monday Tuesday Wednesday Thursday Friday Varies
- 3 days per week: \$105/week – Non Methodist employees or \$96/week – Methodist employees  
(circle days) Monday Tuesday Wednesday Thursday Friday Varies
- 1-2 days per week: \$70/week – Non-Methodist employees or \$64/week – Methodist employees  
(circle days) Monday Tuesday Wednesday Thursday Friday Varies

**Pick 5 (or more) weeks that your child will be attending:**

- |  |  |
|--|--|
| <input type="checkbox"/> June 1-4 (closed May 31 <sup>st</sup> ) | <input type="checkbox"/> July 6-9 (closed July 5 <sup>th</sup> ) |
| <input type="checkbox"/> June 7-11                               | <input type="checkbox"/> July 12-16                              |
| <input type="checkbox"/> June 14-18                              | <input type="checkbox"/> July 19-23                              |
| <input type="checkbox"/> June 21-25                              | <input type="checkbox"/> July 26-30                              |
| <input type="checkbox"/> June 28-July 2                          | <input type="checkbox"/> August 2-6                              |
|  | <input type="checkbox"/> August 9-13                             |

Usual drop-off time: \_\_\_\_\_ Usual pick-up time: \_\_\_\_\_

- ✓ I agree to provide the Child Care with a current physical form for my child dated not more than two years from the end of the Summer Camp program which will include TB Test documentation and immunization record or proof of the immunity. I understand that the physical form must be received in the Child Care office no later than Monday, May 10, 2010 in order for my child to attend.
- ✓ I understand that I will be financially responsible for the days and weeks that I sign up for. No refunds.
- ✓ I understand that because of the special, short-term nature of this program and the option to choose the weeks needed, no vacation will be available.
- ✓ I wish to enroll my child for the Summer Program to be provided by The Methodist Family Child Care Center. I understand that by signing this form, I agree to follow the guidelines set for summer care of school-aged children.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**MMCI I.D. # (if applicable)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

**e-mail address** \_\_\_\_\_