



315 East Main Street
Mount Horeb, WI 53572
(608) 437-7100
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2 year – 4 year old Summer Enrichment Program 2024

Registration and Intake Form

Please complete this form and return with payment (Cash, Check or Venmo @agapekids123).
Camp fees are non-refundable.

Camps are filled on a first-come, first-served basis.

Child's Name: _____

Date of Birth _____ / _____ / _____

Parents/Guardians: _____

Preferred Mailing Address: _____

Preferred Email _____

Preferred Phone _____

(Please circle - work home cell)

To enroll: Children must be 3 years of age by June 1st, 2024, and toileting independently.
OR children must be 2 years of age by June 1, 2024, and a caregiver MUST attend.

All Sessions are held from 8:30 am - 11:30 am

Please select which camp(s) you would like your child to attend:

Camp Day #1: June 19, 2024 – Zoo Friends: _____

Camp Day #2: July 10, 2024 – Water Fun: _____

Camp Day #3: August 14, 2024 – Summer Olympics: _____

Each camp is \$40.00 per child if paying by cash or check payable to ACP.

If paying by Venmo (@agapekids123), please remit \$41.00 per child per camp.

Please return payment with the completed form on or before May 10, 2024, to ensure placement.

Please Complete Both Sides Of Form

Emergency Contact

Name _____ Phone _____

(This number is for a parent/guardian who can be reached while the child is attending camp)

Health History

Does the child have or has ever had (check and provide more information as necessary):

- Asthma Diabetes Food Allergies/Intolerances Other Allergies
- Cerebral Palsy/Motor Disorder Epilepsy/Seizure Disorder
- Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism
- Other condition(s) Requiring Special Care

Medication is not administered by ACP staff except for an epi-pen or asthma inhaler. If use of an epi-pen or asthma inhaler is listed above, an *Authorization for Administration of Medication* form and instructions will be provided for you to complete and return to the Director prior to the start of camp.

Physician's Information

Name _____ Phone Number _____

Clinic Name & Address _____

Please read and initial each of the following line items:

- ____ I give permission for my child to take part in all camp activities, including walking field trips.
- ____ In the event of an emergency, if I cannot be reached, staff may begin necessary emergency medical treatment.
- ____ I give permission for camp staff to photograph camp activities, including children involved in camp activities. No student names will be listed if photos are shared on ACP Facebook page.
- ____ I have read, understand, and agree to each of the following:
 - Each child must bring their own snack and beverage.
 - Each participant will need to bring a full water bottle each session.
 - Each child must bring a backpack with a change of clothing that is weather appropriate.
 - Sunscreen and insect repellent should be applied at home, prior to drop off. Neither will be administered by ACP staff at any time, for any reason.
 - Participants attending without a caregiver must be toileting independently.
 - For the safety and enjoyment of all, child participation in Preschool Enrichment Camps is at the discretion of the Director and teaching Staff. In the unlikely event that a child shows behavior that interferes with successful camp implementation or poses a safety risk to themselves or other participants, the Director will contact the parent/guardian for immediate pick up.
 - Camp Time is 8:30 am - 11:30 am. All the children should arrive and be picked up on time.
 - Pertinent policies of ACP parent handbook are applicable. A copy of the policy book is available for review in the entry area of the preschool.

Signature of Parent/Guardian

Date

(For office use only: Cash or Check # _____ Date payment received _____)