



315 East Main Street
Mount Horeb, WI 53572
(608) 437-7100
agapekids@mhtc.net
kellesvigamy@mhasd.k12.wi.us

Summer Enrichment Program 2025 – Registration & Intake Form
2 year – 4 year old children

Please complete this form and return with payment (Cash, Check or Venmo)
Camp fees are non-refundable.
Camps are filled on a first-come, first-served basis.
All Sessions are held from 8:30 am - 11:00 am

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 the date of each camp and toileting independently. OR children must be 2 years of age by the date of each camp and a caregiver MUST attend.

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

Camp Day #1: Wednesday June 25, 2025 – County Fair \$40 _____

Camp Day #2: Wednesday July 16, 2025 – Water Fun \$40 _____

Camp Day #3: Wednesday August 13, 2025 – Outdoor Adventures \$40 _____

Total \$ _____

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 to cover fees.

Please return payment with the completed form on or before Friday May 16, 2025, 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 the use of an epi-pen or asthma inhaler is required, 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 ACP 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 - 11:00 am. All the children should arrive and be picked up on time.
 - Pertinent policies of ACP parent handbook are applicable. A copy of the handbook is available for review in the entry area of the preschool.

Signature of Parent/Guardian

Date

(For office use only: Cash/Check/Venmo _____ Date payment received _____)