

Summer Play Dates

4584 Cox Road Evans, Georgia 30809/ (706) 364-8284 / www.mysanctuary.org

Please circle your child's age.

Babies Toddlers (1's) 2's 3's 4's (Potty Trained)

Our program runs from 9:00am to 1:00pm. Doors open at 8:55 and Pick-up is no later than 1:05.

Tuition: (Please Check One)

Babies and Toddlers

_____ 2 days a week - \$35 a week – Tues/Thurs

2's through 4's

2 days a week - \$35 a week – Tues/Thurs

_____ 3 days a week - \$45 a week – Tues, Wed, Thurs **Registration Fee**: \$20

This registration fee is <u>non-refundable</u>.

Tuition will be due weekly.

Please mark the weeks your child will attend.

- _____ Registering for the whole summer
- _____ June 5th through 7th
 - June 12th through 14th No MDO
- _____ June 19th through 21st
- _____ June 26th through 28th
- July 3rd through 5th No MDO
- _____ July 10th through 12th
- _____ July 17th through 19th
- _____ July 24th through 26th
- _____ July 31st through August 2nd

General Information:

Child's Name	
Name Child Goes By	Circle: Male Female
Home Address	
City	State Zip
Home Phone	
Date of Birth	
Parent/Guardian Information:	
Father's Name	
Occupation	Business Name
Work Phone	Cell Willing to Receive Text (circle one) Yes No
Email Address	
Mother's Name	
Occupation	Business Name
Work Phone	_Cell Willing to Receive Text (circle one) Yes No
Email Address	6
Sibling Information: Names of Siblings	

Siblings enrolled in The Sanctuary's MDO Program

Emergency Information:

Child's Doctor

Hospital Preference_____

In an emergency, persons authorized to act for parents if parents are not available: (We will always attempt to contact parents first.) Name: Relationship: Phone Number: 1._____

2._____

3.

Health:

Please List All Allergies and/or Health Problems including but not limited to vision, hearing, speech, fears, etc.

Medical Permission Clause

I, the undersigned parent or guardian, of in the event of an accident, if the staff or representative of The Sanctuary of Augusta is unable to contact me, do hereby grant permission to said staff or representative to administer necessary first aid, and/or take my child to the nearest medical facility for additional treatment.

Insurance Company_____

Policy Number_____

Parents Signature

Parent Information:

- During the summer we will be preparing the kids for the school year but most of all having fun! We will also be covering Bible stories and learning Bible verses.
- Please pack a lunch including a drink for your child. We will not provide lunch.
- We <u>will not</u> be having school June 12th, 13th, or 14th (VBS week) and July 3rd, 4th, or 5th (Holiday week).
- Clothing: Children should wear weather appropriate play clothes and shoes. Please no flipflops.
- Children's lunch boxes, coats, bags, etc. should have their first and last name in them.
- Please do not bring toys, stuffed animals, etc. unless your teacher has asked the children to bring them. We do not want these things to get dirty, lost or broken.
- If your child is sick, please do not bring them to school. If they become sick while at school, the parent/guardian will be contacted immediately.
- We will not be taking volunteers at this time. We appreciate the offer but we would like you to be able to take this time to rest and enjoy the time away from the children. We will have volunteer sign up if needed for an event.
- Potty Training: We will help your child in this process. Please know accidents will happen occasionally. Because accidents do happen, we ask that you provide a complete change of clothes to keep at the school or in their bag. Please keep your child in pull-ups if they are just starting to potty train.
- Please see the summer handbook for more information and details.
- Contact Information: Tiffany Carter at tiffanycarter@mysanctuary.org