



A HILLTOP ADVENTURE SUMMER CAMP

To **Enroll:** Please MAIL COMPLETED FORM with CHECK PAYABLE TO: Hilltop Preschool

Address: Hilltop Preschool
7612 Wanyamala Rd. Henrico, VA 23229

COMPLETE ONE FORM FOR EACH CHILD ENROLLING. IF MULTIPLE CHILDREN, ONE CHECK COMBINED IS OK

Ages 3 – 6 yr. old **Camp hours: 9am-Noon** **Days: M-TH** (Week #1 is T-F)

Child's Name _____ Age _____

Birth Date ____/____/____

Allergies? YES NO

If yes, explain _____

Parent(s)/Guardian(s) _____

Phone #1 _____

Phone #2 _____

Address _____

Email (for Enrollment Confirmation) _____

How did you hear about us? _____

Additional Info we need: _____

✓ MARK YOUR CHOICES:

___ Week #1 (May 28-31) **Disney's World**

___ Week #6 (July 8-11) **Pirate's Invasion**

___ Week #2 (June 3-6) **Dinosaur Roar!**

___ Week #7 (July 15-18) **Smore Fun Camping**

___ Week #3 (June 10-13) **Adventures in Nature**

___ Week #8 (July 22-25) **Commotion in the Ocean**

___ Week #4 (June 17-20) **Super Hero Boys & Girls**

___ Week #9 (July 29-Aug 1) **Wild, Wild West**

___ Week #5 (June 24-27) **Pokemon Party!**

___ Week #10 (Aug 5-8) **Paw Patrol**

TOTAL # _____ of weeks X **\$65.00 per week** = \$ _____ **Due** (checks or cash/sorry no credit cards-Do not mail cash)

Payment is preferred at least 2 weeks prior to camp date. You may pay on the first day, IF space available.

Spots are reserved only for those already enrolled and paid. Space is limited. Spots are not guaranteed until paid.

Questions? Email: Hilltop4Preschool@gmail.com

Hilltop Preschool takes extreme care and all precautions to prevent any injuries of the children, but at times, accidents do happen. In the event of an accident or emergency situation, routine first aid will be administered when needed. If first aid is necessary (other than a hug and/or band aid), an accident report will be completed and given to the parent to sign at the end of the camp day. In case of a major emergency, the staff will notify the parents, 911 may be called, and an emergency contact called. I, the parent/guardian agree not to hold Hilltop Preschool/West Richmond Church of the Brethren, responsible for any accidents that may happen while my child is at Camp. I give Hilltop Preschool Staff my approval/permission to obtain medical treatment/hospitalization. I understand I will pay all expenses occurred (covered by insurance or not). I also agree not to send my child to camp with an illness, fever, vomiting that has occurred within 24 hours of camp. If my child becomes ill at school, I agree to pick up as soon as possible. Returned check fees will be paid by enrollee. I understand and agree to all of the above.

Signature _____ **Date** _____