

Registration begins Monday February 6, 2017



Pre-School Summer Camp 2017 "Let's Take a Trip!"

Glen Mar Early Learning Center
4701 New Cut Road, Ellicott City, MD 21043
Phone: 410-461-2859 Fax: 410-461-3070 e-mail: Elizabeth.miller@glenmarumc.org

Glen Mar Early Learning Center will be offering 5 weeks of summer camps entitled "Let's Take a Trip!" The 4/5 Year old Camp Sessions will either have a special visitor or one field trip a week. All campers bring a brown bag lunch; and remember children at Glen Mar ELC camps, don't take a nap! All children in our camps must be potty-trained. ☺

One child per registration form Please!

SESSION	CAMP	DATES & TIMES	Age of child	Time	FEE	CAMP SELECTIONS
*SESSION I	<i>"Land of the Lost-Dinosaurs!"</i>	July 3-7 (no camp on July 4)	4, 5 (not yet in kindergarten)	9:00am-3:00pm	\$225.00	\$
*SESSION II	<i>"Enchanted Forest"</i>	July 10-14	4,5 (not yet in kindergarten)	9:00am-3:00pm	\$275.00	\$
SESSION III	<i>"In the Kitchen"</i>	July 17-21	4,5 (not yet in kindergarten)	9:00am-3:00pm	\$275.00	\$
*SESSION IV	<i>"Science Lab"</i>	July 25-29	4, 5 (not yet in kindergarten)	9:00am-3:00pm	\$275.00	\$
*SESSION V	<i>"Wild, Wild West"</i>	July 31- Aug 4	4, 5 (not yet in kindergarten)	9:00am-3:00pm	\$275.00	\$

*Before care is offered 7:00-9:00 am \$10 per hour
Aftercare is offered from 3:00-6:00pm \$10 per hour

A \$20.00 onetime non refundable registration fee is required for children not currently enrolled at Glen Mar ELC. Payments of camps are due in full upon registration. There will no refunds given unless a camp is cancelled due to low enrollment.

Please make checks payable to
Glen Mar Early Learning Center

Total \$ _____
Registration fee \$ _____
Total Due \$ _____

Child's Name: _____ Age as of 1/1/17 _____

Address: _____

DOB: _____ Sex: _____ Phone Number: _____

PLEASE LIST ANY ALLERGIES OR HEALTH CONCERNS:

Mother/Guardian

Name: _____ E-Mail Address: _____

Address: (If different than child) _____

Home Phone Number: _____ Cell Phone Number: _____

Best number you can be reached at: _____

Father/Guardian

Name: _____ E-Mail Address: _____

Address: (If different than child) _____

Home Phone Number: _____ Cell Phone Number: _____

Best number you can be reached at: _____

Office Use Only: Check# _____ Date: _____ \$ _____ Initial _____