



## Summer Camp Time!



**Mt. Carmel is celebrating fairytales and music with our two summer camps this year. Fairytale Camp is June 26-29 and Music Camp is July 17-20. Each camp will have a busy schedule that will include outside time, music and movement, stories and crafts all packed in to a 4 hour day! The children will attend from 9:00-1:00 Monday through Thursday. All children ages 3-6 are invited if they are potty trained. The children will also need to bring a lunch each day. The camps fill up quickly so be sure and get your registration in before we reach our maximum number of campers.**

**The cost will be \$100 for the week which will include a non-refundable deposit of \$50\* due at the time of registration. The final payment of \$50 is due on or before the first day of camp. Even if you don't attend Mount Carmel during the school year you are welcome to attend, so tell your friends!**

Child/Children name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's Name/Address \_\_\_\_\_

Email (only if you read it) \_\_\_\_\_

Daytime Phone Parent(s) \_\_\_\_\_

Emergency Contact (if different than parent) \_\_\_\_\_

--If you attend Mt Carmel during the school year we can use your current Medical forms. If not, please fill out the attached Medical forms/release.

\_\_\_\_\_ Yes, please use my current medical forms/release that are on file for the 2016-2017 school year.

Please choose which camp you are interested in and attach a non-refundable check for \$50 made out to Mt. Carmel Preschool.

\*If camp gets cancelled by Mt. Carmel for any reason your deposit will be refunded.

\_\_\_\_\_ Fairytale Camp—June 26-29

\_\_\_\_\_ Music Camp—July 17-20

**MT. CARMEL PRESCHOOL  
5100 SOUTH OLD PEACHTREE ROAD  
NORCROSS, GA 30092  
P.O. BOX 922997, NORCROSS, GA 30010  
(770) 449-4498**

**TREATMENT AUTHORIZATION**

**I am concerned that there be no delay in obtaining medical and/or hospital care and treatment for my child \_\_\_\_\_ in the event that I am unavailable. I understand that under Georgia law a person standing "in Loco Parentis" may consent to such care and treatment. I declare that the director or any Mt. Carmel Preschool staff person stands and acts in place of me for my child in my absence, and there should be no question about their ability to consent to medical treatment for my child.**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**

**Relationship \_\_\_\_\_**

**Child's Name \_\_\_\_\_**

**Parent/Guardian Name \_\_\_\_\_**

**MEDICAL INFORMATION**

**Health Insurance Company \_\_\_\_\_**

**Group and Policy Number \_\_\_\_\_**

**Allergies, if any (food/airborne/other) \_\_\_\_\_  
(please circle type)**

**Medicines taken regularly, if any \_\_\_\_\_**

**Other health problems/conditions, if any \_\_\_\_\_**

**Physician's Name \_\_\_\_\_**

**Physician's Address \_\_\_\_\_**