



Summer Camp Time!

Mt. Carmel Preschool is once again offering two camps this summer. In the Garden Camp is June 18-21 and Painting Camp is July 23-26. Each camp will have a busy schedule that will include outside time, music and movement, stories and themed crafts all packed in to a 4 hour day! The children will attend from 9:00-1:00 Monday through Thursday and will need to bring a lunch each day. All children ages 3-6 are invited if they are potty trained. The camps fill up quickly so be sure and get your registration in before we reach our maximum number of campers. You can also email me at mtcarmelpres@comcast.net to let me know you are interested in attending.

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 2017-2018 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.

_____ In the Garden Camp—June 18-21

_____ Painting Camp—July 23-26

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 _____