

Kinder Garden Playschool

7054 se Clackamas Rd.
 Milwaukie, Or 97267
 (503) 804-4064

www.kindergardenplayschool.com

2019 Camp/Events Application

 Child(ren)'s Name(s) (First name child prefers) (Last) Date(s) Of Birth

 Parent/Emergency Contact Name(s)

 Phone Number(s)

 Address

 City & Zip

 Email Address

 Preferred Communication Form (text, email, etc)

Please check all that apply:

	<p>Parent's Night Out</p>	<p>Saturday 4-7:30pm</p> <table border="1" data-bbox="792 968 1068 1041"> <tr> <td data-bbox="792 968 849 1041"></td> <td data-bbox="849 968 1068 1041">July 20th</td> </tr> </table>		July 20th	<p>\$30/session Includes Dinner</p>						
	July 20th										
	<p>Summer Camp (mixed age 3-7)</p> <ul style="list-style-type: none"> ● Nature Arts and Crafts ● Outdoor Sensory Fun ● Cooking and Gardening ● Animal Care Camp 	<p>Tue/Wed/Thurs 9-12:30</p> <table border="1" data-bbox="792 1146 1068 1419"> <tr> <td data-bbox="792 1146 849 1213"></td> <td data-bbox="849 1146 1068 1213">July 9-11</td> </tr> <tr> <td data-bbox="792 1213 849 1281"></td> <td data-bbox="849 1213 1068 1281">July 23-25</td> </tr> <tr> <td data-bbox="792 1281 849 1348"></td> <td data-bbox="849 1281 1068 1348">Aug 6-8</td> </tr> <tr> <td data-bbox="792 1348 849 1419"></td> <td data-bbox="849 1348 1068 1419">Aug 20-22</td> </tr> </table>		July 9-11		July 23-25		Aug 6-8		Aug 20-22	<p>\$100 per session Includes_Snack+Lunch</p>
	July 9-11										
	July 23-25										
	Aug 6-8										
	Aug 20-22										

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Parent Agreement (please initial all):

I am prepared to send my child with weather appropriate clothing and outerwear. _____

My child is aware of when they need to use the bathroom and are able to stop their play and independently use the toilet. (please contact us with any questions) _____

About Your Family:

Please tell us a little bit about your child: their temperament, interests and any other important information:

Please let us know if there are any special considerations we should know about (i.e. allergies, fear of animals, apprehension about certain sensory experiences etc.)

Date

Signature of parent/guardians

Please return application with full payment to reserve your spot (checks, cash, or e-mail for Paypal option):

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