

SUMMER CAMP

Summer Camp at Glenn Memorial United Methodist Church is a **six week camp program** that runs from **9:00am to 1:00pm**. Each class is staffed with two experienced teachers and one assistant. Weekly themes are offered for **3 year olds through rising 4th graders**. Children may experience drama, “hands-on” science, clay working, cooking, field trips, nature explorations & music. An art teacher will offer additional fun experiences. Each class offers indoor free play, outdoor fun, water table play, reading and writing time, and safe socializing throughout the day.

A letter with your child’s class assignment will be mailed in late May.

Questions? Contact the Director, Carol Wilson, at 404.634.3936 ext. 397 or carolw@glennumc.org.

Session 1	June 15-19
Session 2	June 22-26
Session 3	July 6-10
Session 4	July 13-17
Session 5	July 20-24
Session 6	July 27-31

3 Year Olds and Older

M, T, W, Th, F: \$125 per session

Children are grouped according to age and placed in their corresponding class.

2 Year Olds M, W, F: \$75 per session

T, Th: \$50 per session

(You may choose M, W, F or T, Th.)

Must be currently enrolled as a Glenn School student, a Glenn church member family or actively involved in Glenn church children’s ministries.

REGISTRATION FORM

Session 1, June 15-19 / Session 2, June 22-26 / Session 3, July 6-10 / Session 4, July 13-17 / Session 5, July 20-24 / Session 6, July 27-31

Twos Only: MWF or T Th

Child’s Name: _____ Birth date: _____ Grade Entering in Fall of 2015: _____

Parent’s Names: _____ Address: _____ City, State, Zip: _____

Phone: (Cell) _____ (Cell) _____ (Home) _____ (Work) _____

Emails: _____

Contact other than parent: _____ Relationship to child: _____ Phone: _____

Pediatrician: _____ Phone: _____

Glenn Church member? _____ Enrolled in Glenn School? _____

This form may be copied to register additional children.

Send form with check made payable to GLENN MEMORIAL CHURCH, “Summer Camp” on the memo line. TOTAL FEE ENCLOSED \$ _____

Total fee is due with registration. All registrations are non-refundable. If cancellation is made 4 weeks in advance, a 50% refund will be granted.

See back for required medical form 

MEDICAL FORM

Must Be Completed to Register

Please sign this permission slip noting any significant medical information such as:

Allergies/Medical conditions: _____

Medications taken: _____

I hereby grant permission to the camp authorities present during any emergency or accident involving my child, _____, to obtain the services of a physician and/or transport my child to a hospital. I also hereby grant permission to the physician to treat my child even though I am not present.

I authorize the above

I do not authorize the above

Signature of Parent

Date