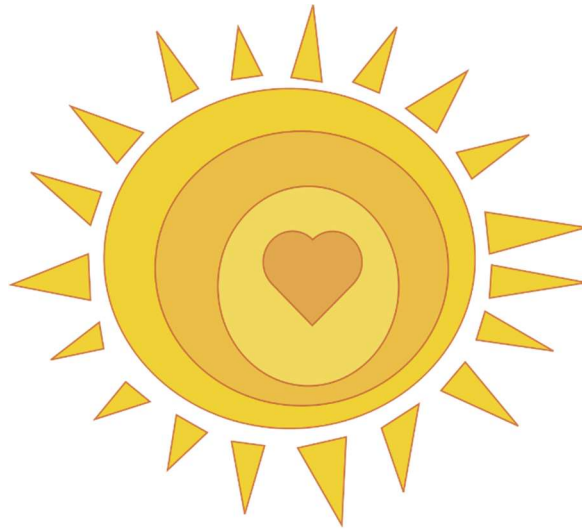


# **Trinity Lutheran Preschool Summer Camp**



**Registration Packet**

Dear Preschool Summer Camp Parents,

We want to welcome you to our Preschool Summer Camp Program. We have a wonderful summer planned for your kids. Please take note of the instructions below.

Except for the first week, Summer Camp tuition is due the FRIDAY BEFORE the week your child attends. Please be prompt with your payments. You can pay through ZELLE using the email [ap@tlc-lilburn.org](mailto:ap@tlc-lilburn.org), setting up an online account through the office to pay online, paying by check made out to TRINITY LUTHERAN CHURCH, or cash.

Your child is REQUIRED to bring these items daily:

- A cold, nutritious lunch! **If you forget your child's lunch, you are required to bring something for them to eat by 11:00am!**
- A water bottle with their name on it
- A complete change of clothes in a Ziploc bag to keep in your child's bag.
- Any bug spray/sunscreen – to keep at the preschool.
- A hat (You may want to leave one in your child's bag)

Tuesdays and Thursdays will be water days. On WATER DAYS your child is REQUIRED to bring these items to camp even if they do not want to participate!

(These items MUST be labeled with their name!!!!)

- Swimsuit
- Towel
- Goggles, optional
- **FLIP FLOPS or WATER SHOES (NO SNEAKERS)!!!**

**If your child does not bring these items with them, you will need to go and get them and bring them back to your child by 11:00am. NO EXCEPTIONS!**

The first week of Trinity Preschool Summer Camp begins Tuesday, May 28 from 9:30am-1:30pm. Drop-off and pick-up for camp will be at the back glass doors of the church along the curb closest to the building. The morning carpool will start at 9:25am and the afternoon carpool at 1:30pm.

We cannot wait to see your kiddos at Preschool Summer Camp! If you have any questions, please feel free to call me at 678-344-3575.

Thanks!


Brenda Moody  
Director of Trinity Lutheran Community Schools

# Trinity Lutheran Preschool Summer Camp

1826 Killian Hill Rd. Lilburn, GA 30047

678-344-3575

communityschools@tlc-lilburn.org

	OFFICE USE ONLY
	CLASS _____ PAYMENT _____ DATE _____ DIRECTOR INT _____
<b><u>Registration fee is due at the time of registering.</u></b> <b><u>Tuition and registration fees are nonrefundable.</u></b>	

**Check Class Choice Below. MUST BE COMPLETELY POTTY TRAINED! NO PULL-UPS!**

<input type="checkbox"/> 3's and 4's Class (must be 3 by Dec. 31)	9:30am-1:30pm
<input type="checkbox"/> 4's and 5's Class (must be 4 by Dec. 31)	9:30am-1:30pm
<input type="checkbox"/> Extended Care (Limited Spots)	1:30pm-5:00pm

### **Student Information:**

Child's Full Name:	
Date of Birth:	Gender:
Home Address:	City & Zip Code:
Primary Phone:	Primary Email Address:

### **Parent Information:**

Mom's Name:	Cell Phone:
Dad's Name:	Cell Phone:
Mom's Occupation:	Work Phone:
Dad's Occupation:	Work Phone:
Who lives with child:	
Church Affiliation:	

### **Medical Information:**

Medical Doctor's Name:	Phone:
<b>Food Allergies:</b>	
Other Allergies:	
Does your child have an allergy response plan?	EpiPen?
Does your child have any physical, cognitive, or behavioral difficulties that we should be aware of should you enroll him/her at Trinity Lutheran Preschool?	
<input type="radio"/> Yes                                      If yes, please describe: <input type="radio"/> No	
Does your child have any illness, disabilities, or behaviors that would affect successful progression in the classroom?	
<input type="radio"/> Yes    If yes, please describe: <input type="radio"/> No	
*Please provide copy of immunization form.	

**Emergency Information:**

In the event we are unable to reach a parent due to student emergency or illness, please provide 2 other contacts we can release your child to. Please keep information current.		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**Pick-up Information:**

In the event you are unable to pick up your student, please provide 2 other contacts that we may release your child to. Please keep information current.		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**Photo Release**

May we photograph your child during school events and use those pictures on our school/church social media sites?

- Yes
- No

**Tuition:** Preschool Summer Camp Tuition is due the Friday before the week attending summer camp. Payment can be made through ZELLE at [AP@tlc-ililburn.org](mailto:AP@tlc-ililburn.org) OR creating an online acct. through the Summer Camp Office OR by check made out to TRINITY LUTHERAN CHURCH OR cash.

**Medical Treatment:** In the event neither parent nor guardian can be reached, and medical treatment is indicated, Trinity Lutheran Preschool has my permission to authorize medical treatment for my child. Trinity Lutheran Preschool uses Piedmont Eastside Medical Center for emergency treatment. Further, Trinity Lutheran Preschool will not be held financially responsible for any medical care secured for treatment while attending said program.

**State Exemption Notice:** Trinity Lutheran Preschool is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

**By Signing Below, you acknowledge the above information.**

---

Parent Signature

Date

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

**Summer Camp Registration fee: \$125**  
**Summer Camp Weekly Tuition fee: \$125**  
**\*25.00 discount per sibling on TUITION only**

	<u>DATES</u>	<u>Attending</u> (circle yes or no)	<u>TUITION</u>	<u>DUE</u>
Week #1	May 28-May 31	Yes No	\$100.00	May 28
Week #2	June 3-June 7	Yes No	\$125.00	May 31
Week #3	June 10-June 14	Yes No	\$125.00	June 7
Week #4	June 17-June 21	Yes No	\$125.00	June 14
Week #5	June 24-June 28	Yes No	\$125.00	June 21
Week #6	July 1-July 3	Yes No	\$75.00	June 28
Week #7	July 8-July 12 (VBS)	Yes No	\$50.00	July 3
Week #8	July 15-July 19	Yes No	\$125.00	July 12
Week #9	July 22-July 26	Yes No	\$125.00	July 19
Week #10	July 29-Aug. 2	Yes No	\$125.00	July 26

**Limited spots are available for extended care.**  
**\$50.00 a week from 1:30pm-5:00pm**

**FEES NEED TO BE PAID THE FRIDAY BEFORE THE RESERVED WEEK.**  
**NO EXCEPTIONS.**

**IF WE ARE NOT NOTIFIED BY THE FRIDAY BEFORE THE WEEK RESERVED THAT YOUR CHILD WILL NOT BE IN ATTENDANCE, YOU WILL BE RESPONSIBLE FOR PAYMENT THAT WEEK BEFORE THE CHILD IS ALLOWED TO RETURN.**

**Payment methods are as follows:**

- Online Payments (contact school for information)
- Zelle ([ap@tlc-lilburn.org](mailto:ap@tlc-lilburn.org))
- Cash
- Check (payable to **Trinity Lutheran Church**)

A \$12.00 fee will be charged on all returned checks which is subject to change at any time due to bank fees.

**Registration and Tuition Fees are non-refundable!**

# Allergy Action Plan Form

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

## Allergy (check applicable)

- Foods (list) \_\_\_\_\_
- Medications (list) \_\_\_\_\_
- Stinging Insects (list) \_\_\_\_\_
- Latex

## If these symptoms: (to be determined by physician authorizing treatment)

- |  |                                      |  |
|--|--------------------------------------|--|
| • If food is ingested but no symptoms                      | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Mouth: Itching, tingling, swelling of the lips or tongue | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Skin: Hives, itchy rash, swelling of face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • GI: Nausea, abdominal cramps, vomiting, diarrhea         | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Tightening of throat, hoarseness, hacking cough          | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Shortness of breath, repetitive coughing, wheezing       | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Thready pulse, fainting, pale, blueness                  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Other _____  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Several of the above areas affected                      | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

## Antihistamine:

give \_\_\_\_\_

Medication/dose/frequency

**Epinephrine: inject intramuscularly (circle all that apply)** EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg  
(If Epinephrine is administered during a reaction, CALL 911. State that an allergic reaction has been treated and additional Epinephrine may be needed. Send used Epinephrine device with student to the Emergency Room.)

Other: \_\_\_\_\_

## Parent or Guardian Information (Please Print)

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*Parent agrees to provide necessary supplies including EpiPen and Antihistamine. Parent agrees to notify TLC Community Schools of any changes in the student's health status. Parent agrees to allow TLC Community Schools to act upon these instructions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Asthma Action Plan Form

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency action is necessary when the child has symptoms such as \_\_\_\_\_

## Step 1.

### Emergency Asthma Medication:

Name	Amount	When to use

## Step 2.

### Seek emergency medical care if the child has any one of the following:

- No improvement minutes after initial treatment with medication
- Struggling to take a breath
- Chest and neck pulled in with breathing
- Child having trouble walking or talking
- Lips or fingernails are gray or blue

### Special

Instructions \_\_\_\_\_

### Parent Information: (Please print)

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*Parent agrees to provide medication(s) needed to treat asthma symptoms. The parent agrees to notify TLC Community Schools of any changes in the child's medical status. Upon signing this form, the parent agrees to allow TLC Community Schools to treat the child for asthma symptoms or to call 911 if asthma symptoms do not improve.

### Parent

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

**Trinity Lutheran Church**  
1826 Killian Hill Road, Lilburn, GA 30047  
Phone: 770-972-4418  
Fax: 770-972-6170

[info@tlc-lilburn.org](mailto:info@tlc-lilburn.org)

**Vacation Bible School**  
**July 8-12**  
**9:00 am - 12:00 pm**

# ***TLC Summer Camp Participant***

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

**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** M F

**Class just completed (circle):** 2yr. 3yr. Pre-K

**Food Allergies:** \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

**Medical Conditions/Concerns:** \_\_\_\_\_

**Medications:** \_\_\_\_\_



Trinity Lutheran Preschool  
Summer Camp  
Contract

This contract is entered into by \_\_\_\_\_  
(Print Parent's Name)

for the purpose of securing childcare for \_\_\_\_\_  
(Print Child's Name)

**The parent agrees:**

1. To pay a registration fee of \$125.00 per child for Trinity Lutheran Preschool Summer Camp which is nonrefundable.
2. To pay Trinity Lutheran Preschool Summer Camp the rate of \$125.00 per week for summer camp services per child which is nonrefundable. There is a \$25.00 discount per sibling for **TUITION** only.
3. To pay Trinity Lutheran Preschool Summer Camp the rate of \$50.00 a week if using the extended care option.
4. To pay Trinity Lutheran Preschool Summer Camp tuition by the Friday before the week that camp occurs.
5. **To pay for the week in full if Trinity Lutheran Preschool Summer Camp is not notified the Friday before a child's reserved week, that they will not be in attendance. Full payment will need to be made before the child can return to camp.**
6. To inform the center by 9:15 am if the child will be absent from Summer Camp.
7. To make presence known to staff upon arriving at the center by calling 678-344-3575.
8. To come to the center to pick up child **as soon as notified** if their child becomes ill.
9. To **not** bring child to the center when the child has a fever, unexplained rash, diarrhea, vomiting, cough, or any other symptom of a contagious illness.
10. To keep the center informed of changes in emergency contact information, allergies, medical conditions, and written notice of person(s) to whom the child may be released.
11. Keep lines of communication open with the Director and Teachers.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Summer Camp Preschool Daily Schedule

\*Daily Schedule can change due to unforeseen circumstances

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
9:30-10:00	Kids Arrive/ Free Time	Kids Arrive/ Free Time	Kids Arrive/ Free Time	Kids Arrive/ Free Time	Kids Arrive/ Free Time
10:00-10:15	Circle Time	Circle Time	Circle Time	Circle Time	Circle Time
10:15-10:30	Snack	Snack	Snack	Snack	Snack
10:30-11:15	Playground	Centers	Playground	Centers	Playground
11:30-12:30	Centers and Craft	Water Day  *Bring swimsuit, towel, flip-flops, sunscreen	Centers and Craft	Water Day  *Bring swimsuit, towel, flip-flops, sunscreen	Centers and Game
12:30-1:00	Lunch	Lunch	Lunch	Lunch	Lunch
1:00-1:30	Music and movement/story	Music and movement/story	Music and movement/story	Music and movement/story	Music and movement/story
1:30-1:45	Kids Leave	Kids Leave	Kids Leave	Kids Leave	Kids Leave

# June

(3's and 4's) \*older 3's and younger 4's

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	27 Memorial Day No Summer Camp	28 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	29 Sunflowers	30 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	31 Flowers	
2 THEME: Summertime	3 Beach Balls	4 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	5 Pineapples	6 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	7 Watermelon	8
9 THEME: Up In <u>The</u> Sky	10 Sun	11 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	12 Moon	13 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	14 Stars	15
16 THEME: Under The Sea	17 Fish	18 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	19 Octopus	20 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	21 Jellyfish	22
23 THEME: Things That Go	24 Planes	25 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	26 Trains	27 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	28 Automobiles	29

# July

(3's and 4's) \*older 3's and younger 4's

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30 THEME: Party in the USA!	1 Memorial Day No Summer Camp	2 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	3 Sunflowers	4 No Summer Camp! Happy 4th	5 No Summer Camp!	6
7 THEME: VBS "Camp Firelight" Special Week! 9:00am-1:30pm	8 "Camp Firelight"	9 "Camp Firelight"	10 "Camp Firelight"	11 "Camp Firelight"	12 "Camp Firelight" (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	13
14 THEME: The Zany Zoo!	15 Giraffes	16 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	17 Gorillas	18 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	19 Elephants	20
21 THEME: Pets	22 Turtles	23 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	24 Cats	25 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	26 Dogs	27
28 THEME: Jungle	29 Tigers	30 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	31 Parrots	1 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	2 Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen Last Day!!!	3



# June

(4's and 5's) \*older 4's and younger 5's

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	27	28	29	30	31	
THEME: Summer	Memorial Day No Summer Camp	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Summer Fun	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Summer Fun	
2	3	4	5	6	7	8
THEME: Wacky Weather	What's the Weather?	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	What's the Weather?	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	What's the Weather?	
9	10	11	12	13	14	15
THEME: Under The Sea	Under the Sea	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Under the Sea	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Under the Sea	
16	17	18	19	20	21	22
THEME: Bugged!	Itsy Bitsy Insects	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Itsy Bitsy Insects	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Itsy Bitsy Insects	
23	24	25	26	27	28	29
THEME: Jamming in the Jungle	Jungle	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Jungle	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Jungle	

# July

(4's and 5's) \*older 4's and younger 5's

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	1	2	3	4	5	6
THEME: Party in the USA!	USA	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	U	No Summer Camp! Happy 4th	No Summer Camp!	
7	8	9	10	11	12	13
THEME: VBS "Camp Firelight" Special Week! 9:00am-1:30pm	"Camp Firelight"	"Camp Firelight"	"Camp Firelight"	"Camp Firelight"	"Camp Firelight" (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	
14	15	16	17	18	19	20
THEME: Ahoy Matey!	Pirates	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Pirates	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Pirates	
21	22	23	24	25	26	27
THEME: Pete the Cat	Pete the Cat	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Pete the Cat	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Pete the Cat	
28	29	30	31	1	2	3
THEME: Zany Zoo	Zoo Animals	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Zoo Animals	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen)	Water Day (Bring Swimsuit, Towel, Water Shoes and Sunscreen Last Day!!!	