 Summer Camp Registration Application Agreement

My World of Smiling Faces Childcare Program

4516 Maple rd., Morningside

Suitland, Maryland. 20746

301-806-3500

Date:

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| Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Child(ren)s Name & Age(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Week(s) Desired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours Needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Summer Break** |
| Field Trips and Activities are listed. Field trips and activities are subject to change.Every morning enrichment lessons will be introduced, taught and mastered. Monday and Wednesday=Math. Tuesday and Thursday=Language Arts. Friday=Science. Every afternoon social activities and trips will be scheduled. Mondays=Swimming, Tuesdays= Bowling and Go Carts, Wednesday Monuments or Museums and Movies, Friday=field trips, Thursday= crafting, cooking and local parks.One week of overnight camp will be announced at the end of the school year.1. Week 1: Swimming, Bowling, Movies, Cooking, and Summer Scrap Book
2. Week 2: (Short Week) Swimming, National Art Muesum, Sundial and Bird house
3. Week 3: Swimming, Bowling, Movies, Cooking, and Watkins Park
4. Week 4: Swimming, Go Cart Racing, Zoo, and Kites,
5. Week 5: Beach, Chuck-E-Cheese, Cosca Park, Mini Garden
6. Week 6: Swimming, Bowling, Jefferson Memorial, 3-D Fish
7. Week 7: Swimming, Go Carts, Movies, Watkins Park, Picture Frames
8. Week 8: Beach, Bowling , Movies, horseback riding, Clay candy dishes
9. Six Flags, Air and Space Museum, 3-D Planets
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| For the Amount of $250.00 dollars per week for children 3 and up. **$200.00** for children under 3 (All Trips, Breakfast, Lunch and Snacks included) Week(s) needed:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #16-138356

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Print/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_