

EARLY ARTS AT EDGEMONT

SUMMER CAMPS

We are excited to work with your child in Summer Camps at Early Arts.

Each student must be independently potty trained and able to manage whole group instruction and quick transitions. We are not in self-contained classrooms but move in age-related groups around the camp instruction area.

All campers bring a lunch and water bottle that they can manage by opening each individual package. Sectioned lunch boxes with all items opened and quickly accessible are preferred. A water bottle with a pop-up straw is the best option, and water only, please. Each camper should dress in comfortable clothing with athletic-type shoes. No sandals, slides, or crocs, please.

Camps open at 8:20 for drop-off and 12:20 for pickup. All campers should be picked up by 12:40 p.m. daily.

To register, each camper needs a registration form accompanied by the registration fee of \$35.00 and supply fees. Camps costs are due on Monday at each camp. It can be paid by check or cash. We do not do cards in the Summer

Camps 1, 2, and 4 total \$170.00. The Registration fee is \$35.00, and the Activity fee is \$25.00. Camp 3 Registration Fee is \$35.00, and the Activity Fee is \$20.00. Camp 3 is a four-day camp (not 5) with a camp cost of \$85.00. Camp 3 total cost is \$140.00.

Early Arts at Edgemont is a license-exempt preschool through the Department of Human Resources.

Hannah Gooch, Summer Camp Lead

Stacey Pruitt, Director
Early Arts at Edgemont

EARLY ARTS AT EDGEMONT

SUMMER CAMPS

1330 EAUCLAIRE

FLORENCE, ALABAMA 35630

Camp I ____ Camp II ____ Camp III ____ Camp IV ____

CHILD'S NAME: _____

PREFERRED NAME: _____ M ____ F ____

D.O.B.: _____ TODAY'S AGE: ____ YRS. ____ MOS.

ADDRESS: _____

Class attended this past school year

3 year old _____

4 year old _____

PK 5 _____

1st Grade _____

All students must be independently potty trained.

MOM'S NAME: _____

DAD'S NAME: _____

ADDRESS: _____

ADDRESS: _____

CONTACT PHONE: _____

CONTACT PHONE: _____

TEXT (CIRCLE ONE): YES OR NO

TEXT (CIRCLE ONE): YES OR NO

EMAIL: _____

EMAIL: _____

CONTACT IN CASE OF EMERGENCY OTHER THAN
PARENTS (Parents are always first call):

NAME: _____

PHONE: _____

RELATION TO CHILD: _____

CHILD'S PHYSICIAN: _____

PHYSICIAN'S PHONE: _____

ALLERGIES: FOOD or ENVIROMENTAL: Y ____ N ____

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE AN EPI PEN/INHALER? _____

Office Use: Registration Fee: Cash ____ Check # _____ Amt. _____ 2nd child discount (ck if applied ____)

Monthly Tuition _____ Act. Fee _____ (x2)

Child's name: _____ DOB: _____

We would like to get to know your family better. Please take a few minutes to give us some information.

Who lives in the home with your child?

Place of Employment:

Dad _____ Mom _____

Siblings: _____ age _____
_____ age _____

When your child is not feeling well, what types of behaviors will we observe?

(We do contact you if your child runs a fever or we observe they are not feeling well.)

Did/Does your child receive any services outside of Early Arts that may impact them, such as speech, etc.)

Yes ____ No ____ Did/does your child receive any Early Intervention (EI) Services? Yes ____ No ____

If yes currently, who is the service provider? _____

MY CHILD:

- Looks me in the eye when I speak: ____ yes ____ no
- Follows simple directions: ____ yes ____ no
- Can communicate wants/needs: ____ yes ____ no
- Verbally ____ or with Cues ____
- Runs/Jumps/Climbs: Yes ____ No ____
- Can ride a tricycle/pedal toy ____ yes ____ no
- Can throw a ball ____ yes ____ no
- Can catch a ball ____ yes ____ no
- Eats with a spoon/fork ____ yes ____ no
- Pottys independently ____ yes ____ no
- Do others outside your home understand your child in conversation? ____ yes, ____ no
- Does your child have the opportunity to be around other children of the same age? ____ yes, ____ no

Child's Name: _____ D.O.B. _____

How does your child primarily communicate with you at home? Options: Single words, 2–3-word phrases, short conversations, gestures, leads to what they want, my child is not yet using words to communicate

Do you have concerns about your child's language development? Have you ever discussed this issue with your pediatrician? Has your child met age-appropriate milestones according to his/her last checkup?

(Use the back of this paper for explanation if needed)

Does your child take any medication on a regular basis? (We do not give medications; this question is for information purposes only) ____yes ____no

Does your child sleep well at home? ____yes ____no

Does your child have any food aversions (textures) ____ yes ____no

Food allergies? ____yes ____no

Please explain (Use back for more space):

Are there any concerns you may have about your child? (Including speech development, behavioral, or developmental concerns, i.e. fine/gross motor skills) Please use the back of this page if needed.

Has your child attended another school? If so, where and dates of attendance?

____yes - Where? _____ Dates of Attendance: _____
____no

Signature: _____ Date: _____