

# 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 \_\_\_\_\_

1<sup>st</sup> 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. \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_