



DATE(S): August 5-9
August 12-16
TIME: 9:00am - Noon

COST PER CAMP: \$135
(includes snack & supplies)
For children ages 3-5 (*must be 3 by August 5*)

2024 Camp Options

Bugs, Bees and Butterflies!

Join us for a week of fun at Bugs, Bees and Butterflies Summer Camp! We are excited to invite you to discover some amazing bugs and insects. Bugs and insects are all around us and play an important part in our ecosystem. We will learn about some different types of bugs and insects, their different body parts and what they eat. Bring your sunglasses and hat as we go on bug hunts around our camp grounds. We will play games, read stories and explore art materials as we get reacquainted with old friends and make new ones, too!

Let's Paint!

The colors will fly this week as we find our inner artist! Be ready to get messy as we toss, play and make camp colorful. Join us as we learn about the great artists of the past and even practice their art techniques!

Mad Science

Do you love experiments? Really cool, explosive, colorful, bubbly experiments? Then you should definitely join us at Mad Science Camp! This camp is all about exploration and discovery through hands-on experiments. We will explore messy science and mix up our own slime, blow up balloons using yeast, tie-dye, make human-sized bubbles and more! If you want an explosively fun summer, join Mad Science Camp.

Select your camp option(s) and complete & sign the 2024 Summer Camp Contact Form.

Preschooler's Name(s): _____ Date of Birth: _____

	August 5-9	August 12-16
Choose up to one camp per week:	<input type="checkbox"/> Bugs, Bees, Butterflies	<input type="checkbox"/> Bugs, Bees, Butterflies
	<input type="checkbox"/> Let's Paint	<input type="checkbox"/> Let's Paint
		<input type="checkbox"/> Mad Science

Submit completed form to the Preschool Office in person, by mail or email preschool@hpcumc.org
Payment can be made by check (HPCUMC Preschool), cash or ACH via Procare. No refunds after July 19, 2024.



Child's Full Name _____ Male _____ Female _____

Preferred Name _____ Birthdate _____

Address _____ Zip _____

Parent's Name(s) _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Emergency Information

Child's Physician _____ Physician Phone # _____

Physician's Address _____

Child's Dentist _____ Dentist's Phone # _____

Dentist's Address _____

Preferred Hospital _____

List all allergies and any special precautions and/or treatment for allergies:

List any Medications currently being administered to your child:

List any chronic physical condition or history of hospitalization:

Authorized Pickup List

Please list adults (18+) authorized to transport your child to and from school.

If there are any changes during the year, please notify the school in writing.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PARENT / GUARDIAN SIGNATURE _____ Date: _____

(valid for one year)