

SPRING INTERSESSION CAMP

CEMCS

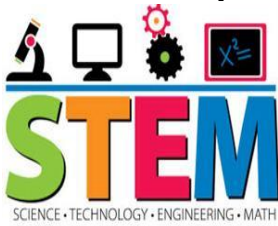
Week 1 March 26 – March 29



“All Things Spring”

*Buzzing bees, blossoming trees & planting seeds!
Swing into Spring all while exploring the effects
of nature during the season.*

Week 2 April 2 – April 6



“Stop! It’s STEM Time!”

*In honor of “National STEM Education Month”,
we will explore STEM and all of the fun
learning experiences!*

Intersession Information:

- **Sign in & Sign out** will be located in the front lobby.
- **Please send in a morning & afternoon snack and lunch for your child.**
Remember to follow Casa guidelines when packing snack and lunch items!
- **BASC additional phone number: 919-749-6343**
- **No uniforms** but please make sure that shoes are safe for outside play. **No flip-flops or crocs** please.

Spring Intersession 2018

Please indicate which week(s) your child(ren) will be attending:

- ⊙ **Week 1 (March 26- March 29):** _____ 8am-3pm \$160 per child per week
_____ 8am-6pm \$190 per child per week
- ⊙ **Week 2 (April 2-April 6):** _____ 8am-3pm \$160 per child per week
_____ 8am-6pm \$200 per child per week
- ⊙ **Teacher Workday (April 9):** _____ 8am-4pm \$40 per child
_____ 8am-6pm \$50 per child

(1st) **Child's name:** _____ **Age:** _____

(2nd) **Child's name:** _____ **Age:** _____

(3rd) **Child's name:** _____ **Age:** _____

Parent's name: _____ **Email address:** _____

In case parent/guardian cannot be reached in an emergency, please contact:

NAME: _____ **NUMBER:** _____

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Print Name: _____ **Date:** _____

Emergency Contact and Pick-up Information / Información en caso de Emergencia

Student' Name/Nombre del estudiante: _____

Parent / Guardian Information – Información sobre el Padre/Guardián

PRIMARY CONTACT/CONTACTO PRIMARIO:
PHONE NUMBERS/ NÚMERO DE TELÉFONOS: HOME/CASA: WORK/TRABAJO: _____ CELL/CELULAR: _____
E-MAIL ADDRESS(ES)/ DIRECCIÓN DE CORREO ELECTRÓNICO:
SECONDARY CONTACT/ CONTACTO SECUNDARIO:
PHONE NUMBERS/ NÚMERO DE TELÉFONOS HOME/CASA: WORK/TRABAJO: _____ CELL/CELULAR: _____
ALTERNATE CONTACT/CONTACTO ALTERNATIVO:
PHONE NUMBERS/ NÚMERO DE TELÉFONOS HOME/CASA: WORK/TRABAJO: _____ CELL/CELULAR: _____

Doctor's Name/Médico: _____ Phone/Teléfono: _____

Allergies/Alergias: _____

Casa Esperanza is not authorized to administer medication of any type without written authorization from your child's physician. If your child may need medication during the school day, please request a "Parent Request and Physician's Order Form" which must be filled out by a physician and returned to the front office. *Casa Esperanza no está autorizada para administrar ningún tipo de medicina sin prescripción médica. Si su niño/a necesita algun medicamento durante el transcurso del día escolar, por favor solicite un "Formulario de Prescripción Médica" el cual tiene que ser escrito por un doctor y luego devuelvalo a la oficina de la escuela.*

Authorization to Pick Up the Child/Autorizacion Pare Recoger a Su Niño/a

The following person or persons (and parents) are authorized to pick up my child (please include phone number)/La(s) siguiente(s) persona(s) (y padres) están autorizado(s) para recoger a mi niño/a (por favor incluya el número de teléfono de cada persona):

NAMES/NOMBRES	PHONE NUMBERS/NUMEROS DE TELEFONO
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Parent Signature/Firma del Padre: _____

Date/Fecha: _____