

FALL INTERSESSION CAMP

CEMCS

Week 1 October 8 – October 12



All about Autumn/Happy Harvest

Explore the different adventures of harvesting through creative art and directed activities. We will take journey learning and exploring all of the amazing things autumn has to offer!

Week 2 October 15 – October 19



MAGICAL MAD SCIENTIST EXPLORATION

Transform our camp site into an exciting laboratory with fun interactive activities. Explore a variety of scientific experiments along with solar creative projects.

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.

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 algún 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 devuélvalo a la oficina de la escuela.*

Authorization to Pick Up the Child/Autorización 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: _____

PLEASE TURN OVER