



# "Little Sprouts Happy Holidays" Winter Break Camp



With Ms. Julie Shively & Ms. Mary White

*Students will have fun singing, dancing, creating and playing through the holiday theme.*

## Registration Information:

- Please return registration by **Dec. 2/3**, class filled in the order registrations/payments received.
- We will have up to 18 campers, must be potty trained to attend camp
- Masks are required along with all school safety protocols

## "Little Sprouts Happy Holidays" Camp Details:

- **December 13-16; 9:00-1:00 AND on the 17<sup>th</sup>, 9:00-11:30**
- **\$160 camp fee**, non-refundable; Please make checks payable to "LHS"
- **\$15 supply fee**; supply fee can be included in the camp fee check made payable to "LHS"
- **Extended Day Available from 7-9am and 1:00-5:00pm** (NO afternoon extended day on Fri., Dec. 17) at \$8.50/hr
- **Kiss & Ride will be at the front main school entrance each day.**

## Kids To Bring:

- Lunch daily, labeled with name and date
- Mask

## "Little Sprouts Happy Holidays" Winter Break Camp

Child's Name (First, Last): \_\_\_\_\_ Current Little Sprout Class: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- **List any allergies or intolerance to medicine or food:**
- **Respiratory Ailments:**
- **Current medication including inhalers:**
- **Restrictions/Limitations on activities/Special Instructions**

## Authorized Kiss & Ride Pick Up:

I authorize the following family members, friends, parents, colleagues, or their drivers to pick up my child from Linton Hall School and/or from the Linton Hall School Extended Day Program. LHS will assume the list you are providing includes your established carpool drivers. **If your child is to leave with anyone, other than your established carpool, it is necessary for you to send a note to school with your child to include the name of the driver picking s/he up. We will ask for ID of anyone we have not met on your list to confirm.** If needed, please use the back for additional names.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

## Emergency Treatment Authorization:

I, \_\_\_\_\_, hereby grant to Linton Hall School's Little Sprouts Preschool, its teachers or other appropriate employee or agent, authority to obtain emergency medical treatment for and on behalf of my child listed on this form. I authorize the providers of emergency medical care to take such steps as in their opinion are appropriate, considering the present state of medicine and in accordance with applicable standards of care.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_