



THE FACTORY OF FUN



Welcome to The Factory of Fun Bilingual Camp!

Dear Parents,

The Factory of Fun Bilingual Camp will initiate on Monday, June 10th, 2019. We are looking forward to having your child/children here with us, having tons of fun this summer.

Get ready for Summer Camp:

What to wear?

We understand that children need to be in comfortable clothes, appropriate for both indoor and outdoor activities. For their safety, sandals, flip-flops, jellies, or boots may not be worn to the Summer Camp or School. We recommend that all children wear sneakers. To foster independence, we encourage parents to purchase clothing that children can easily manipulate.

Children must keep a complete change of clothing on hand at school or in a small backpack for the Travelers program. These clothes, as well as those worn to school, should be labeled with your child's name (including socks and shoes) using permanent marker.

What to pack?

Discovery Camp:

1. Water play days: children should come with their swimsuit, cover up (t-shirt, dress, etc) and swim shoes. Please bring that day an additional change of clothes and a towel. All labeled.
2. Nap Time: Please bring a fitted sheet and a blanket in a bag.

Explorers Camp:

1. Water play days: children should come with their swimsuit, cover up (t-shirt, dress, etc) and swim shoes. Please bring that day an additional change of clothes and a towel.
2. Re-fillable water bottle and sun block.

What are the arrival and pick up times?

- Discovery Camp – See school Schedules
- Explorers Camp – 9:00am to 4:00pm

Don't forget to...

1. Apply sun block to your child/children every day.
2. Label your child's clothes, including socks, shoes, and bedding.
3. Bring \$1.50 for the ice cream day (Explorers and Discovery Camp)

Please feel free to contact the school if you have any additional questions at the following phone numbers in the business card attached to this letter. From now, we wish you a summer filled of great and fun experiences!

Education First Inc. Administration

info@thefactoryoffun.com www.thefactoryoffun.com





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Edu1st.Preschools
Building a Culture of Thinking

REGISTRATION FORM

Enrollment Date: ___/___/___

I want to register my child/children for the Summer Camp program:

- Explorer Program starts on June 10th and ends on July 31st, 2019
- Traveler Program starts on June 10th and ends on August 13th, 2019 (Broward), August 16th, 2019 (Dade)

Child Information:

Child No1: _____ DOB: _____ Child No2: _____ DOB: _____

Child No3: _____ DOB: _____ Child No4: _____ DOB: _____

Home Address: _____

City, Zip Code: _____ Home Phone: _____

Mother's Name _____ Mobile: _____

Mother's Workplace: _____ Phone: _____

E-mail: _____

Father's Name: _____ Mobile: _____

Father's Workplace: _____ Phone: _____

E-mail: _____

Emergency Contact Numbers & Pickup Authorization

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Please check off the week(s) your child will attend and select the program (E: Explorer – T: Traveler):

- Week 1:** June 10-14 **Week 5:** July 8-12 **Week 8:** July 29 – August 2nd
- Week 2:** June 17-21 **Week 6:** July 15-19
- Week 3:** June 24-Jun 28 **Week 7:** July 22-26
- Week 4:** July 1- 5 (Closed July 4th and July 5th)

Payment:

Total: \$ _____ Deposit \$ _____ Balance: \$ _____

Payment Method:

- Please charge it to my account Credit Card Check





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Medical Authorization Form

I hereby grant permission for _____ (child's name) to use all the play equipment and participate in all activities at Edu1st.Preschools. In the event of any extreme medical situation, as deemed by the Owners or Acting Director, paramedics or medical personnel will be notified immediately to escalate medical attention for the child. All efforts will be made to notify the parents or guardian, immediately, as well. Due to insurance, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. The child cannot be transported by the school van or school personnel.

Medical Authorization for _____ (child's name)

List all allergies:

1. _____
2. _____
3. _____

List all medical conditions

1. _____
2. _____
3. _____

Hospitalization Insurance: _____

Name of Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Hospital Preference: _____

In an extreme emergency, the child will be taken to University Hospital

Upon immediate need for medical attention for your child, the undersigned hereby gives consent to any x-ray examinations, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor upon the advice of a physician and / or surgeon licensed under the provisions of the **Medical Practice Act**.

The undersigned further authorizes the above-named school to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

THIS FORM IS TO BE USED ONLY IN AN EXTREME EMERGENCY.

_____/_____/_____

Parent's or Legal Guardian's Signature

Date





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Physical Activity Participation Form

I, _____, give permission to my son/daughter _____
_____ to participate in indoor physical activities such as, but not limited to: jumping, crawling, marching, dancing, balancing, and sliding for periods scheduled throughout the day and the daily routine. I also permit my child to participate in outdoor activities such as, but not limited to: climbing, running, pushing/pulling/riding cars, sliding, jumping, rolling, running, jogging, throwing/catching balls, jumping rope, and riding tricycles for 30 minute periods during recess. I acknowledge that the institution provides physical activities in both included and extracurricular classes such as, but not limited to: Physical Education (P.E.) Soccer, Basketball, and Tennis at their scheduled days/times. Lastly, I am aware that it is my responsibility to follow the school's dress code when sending my child to school daily, as outlined in the parent handbook. For safety reasons, it is mandatory to send my child to school in a khaki or navy shorts or pants and a Summer of Fall uniform shirt. Students are not allowed wear flip-flops, jellies, sandals, or boots to school. It is strongly suggested to send my child to school in shoes that are appropriate for the physical activities outlined in this participation form, such as sneakers.

Parent / Guardian Name

Parent / Guardian Signature

T-Shirt Order Form

\$10 T-Shirt Fee (non-refundable)

Date: ___/___/___

Child Name: _____ Program: _____

Parent Name: _____ Phone: _____

Email: _____

Please check T-Shirt Size and Quantity:

12 m _____ (), 2T _____ (), 4 T _____ (),

6 T _____ (), S _____ (), M _____ ()

Payment:

Cash: Check: Debit / Credit Card: Add to my Account:





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Summer Camp Consent Form 2019

Please write your initials in each item

_____ **Sunscreen:** I give permission for my child to apply sunscreen, which I have supplied (and sent in the original bottle with my child’s name written on the bottle) to the School. Please note that the counselors are happy to help the children apply the sunscreen when needed. However, we cannot be held responsible for applying the sunscreen.

_____ **Insect Repellent:** I give permission to the school staff members to apply insect repellent that I have provided (and sent in its original bottle labeled with my child’s name). A form #5 is to be filled out and signed.

_____ **Summer Calendar:** I have received the 2019 Summer Camp Schedule and authorize my child to attend all the daily activities and or field trips for the days my child attends.

_____ **Field Trips:** I give permission for my child to go on all scheduled field trips for the day with the school. In addition, I understand that transportation will be provided for my child to and from the field trips.

_____ **Policy Book:** I have received and read the Preschool Policy book and agree to all policies within the booklet.

Safety Policies

_____ **Uniform:** To ensure the safety of your child, the summer camp t- shirt must be worn daily (For Travelers). And it is mandatory for all children during field trips. If your child does not wear his/her shirt, one will be provided for him/her, and your account will be charged with the price of that new shirt.

_____ **Seatbelts:** Seatbelts must be worn at all times. Please speak with your child regarding this matter. If a child removes his/her seatbelt while the van/bus is moving, he/she will be suspended from the following trip. There are no exceptions. Counselors review this rule several times daily which makes the children aware that there are consequences. These rules are to assist us in ensuring your child’s safety.

I have read and understand the above and initialed where indicated.

Camper’s name: _____ Date: _____

Mother/ Legal Guardian Signature: _____

Father/ Legal Guardian Signature: _____

