

CHILD'S GARDEN LEARNING CENTER

10210 DONLEIGH DRIVE, COLUMBIA, MD 21046 (410) 884-5477 childsgardenlc@gmail.com www.childsgardenlc.com

SUMMER CAMP FOR ELEMENTARY SCHOOL CHILDREN

(including those attending Kindergarten in the Fall)
June 18, 2019 – August 30, 2019

At Child's Garden, we feel that summer time should be vacation time for children. After working so hard throughout the school year, children should have an opportunity to relax, build friendships, and have fun while participating in a variety of activities.

We have a soccer clinic, drumming, Martial Arts, Lego land, gardening, STEAM activities, cooking and crafts.

Each day, campers are taken to Atholton Swim Club for lunch and recreational swim. Optional swim lessons are available at an additional fee through Atholton Swim Club during the first four weeks of camp. After our fun-packed mornings and pool time we return to the center for some time to relax.

Our goal is to provide a safe and fun atmosphere where campers can build upon existing skills, take on new challenges, achieve personal growth and enjoy friendships. A relaxed and fun-filled summer will help to make the approaching school year more successful both academically and socially for your child.

Our counselors exceed county requirements and are CPR and First Aid certified.

Tuition and Fees for Summer Camp 2019

June 18, 2019 – August 30, 2019

FULL-TIME PROGRAM:

Weekly Payments: \$319.00 Deposit: \$638.00

\$60 Registration Fee

Optional Swim Lesson fees for each 2-week session are paid directly to Atholton Pool. Registration is online at: atholtonswimclub.com

Late Pick-up Charges: \$ 25.00 for each 15-minute increment after 6:00 pm

Summer Holiday Closure: Thursday, July 4, 2019 - Independence Day

REGISTRATION FORM SUMMER CAMP 2019 FOR ELEMENTARY SCHOOL CHILDREN

date:	Reg. fee:	Deposit:	Tuition:		Payment:	
FOR OFFICE	USE ONLY:					
	тот	AL DUE AT REGIS	TRATION	\$_		_
DEPOSIT:		see tuition sheet		\$_		_
REGISTRATION FEE:		\$60 (non-refunda	ble)	\$_	60.00	
********* FEES:	*******	********	******	*****	*******	*****
Ema	ail Address:					
Cell	Phone No.:					
Wo	rk Phone No.:					
Soc	cial Security No).:				
Nar	ne:					
PARENT /	GUARDIAN II	NFORMATION: <u>Parent</u>			<u>Parent</u>	
ADDRESS	. .					
HOME PH						
BIRTH DATE: AGE: _			_ AGE:			
CHILD'S N	IAME:					

I wish to enroll my child in the:	
FULL-TIME program (40 or more hours pe	r week, 7 am to 6 pm).
PART-TIME program (earliest pick up time Days of the week: Time of arrival:	is 2:30 pm). Departure:
Contracted weeks:	
June 18, 2019 – August 30, 2019	
Week 1: June 18 – June 21	
Week 2: June 24 – June 28	
Week 3: July 1 – July 5	
Week 4: July 8 – July 12	
Week 5: July 15 – July 19	
Week 6: July 22 – July 26	
Week 7: July 29 – August 2	
Week 8: August 5 – August 9	
Week 9: August 12 – August 16	
Week 10: August 19 – August 23	
Week 11: August 26 – August 30	

^{**} All dates are subject to change **