



Forest Hill Playschool

SUMMER FUN 2010

Forest Hill Playschool's Summer Fun program is open to children 16 months-6 years of age. Each week students will travel "Through the Bible" as they explore different themes through song, crafts, science and play!

Weekly Units

Animal Antics

The Wonders of Heaven

God's Desert Wonders

Commotion in His Ocean

Trust in Jesus!

June 29th-July 29th

Ages 16 months to 6 years

Tuesdays and Thursdays

9:30am-12:30pm

Tuition is \$275 (5 week session)

\$137.50 is due with Registration Form

\$137.50 balance is due by June 1st

Susan Kincaid

Forest Hill Playschool Director

704-716-8720

SCK@foresthill.org

Please make checks payable to: Forest Hill Playschool
Mail registration form and check to: Forest Hill Church
Attn: Susan Kincaid, 7224 Park Rd., Charlotte, NC 28210

Registration Form ~ Summer Fun 2010

(Please print and complete fully to secure your child's immediate enrollment)

Child's Name _____

Boy ___ Girl ___ Age as of 6/1/10 _____ Birthdate _____

Parent's Name(s) _____

Address _____ Zip _____

Email _____

Phone Number (Home) _____

Father's Cell _____ Mother's Cell _____

Father's Employment _____ Phone _____

Mother's Employment _____ Phone _____

Known Allergies _____

Child's Physician _____ Phone _____

Insurance Company _____

Policy Number _____

Hospital Preference _____

Two Emergency contacts and their phone numbers:

1. _____ Phone _____

2. _____ Phone _____

Medical Release Form

(Complete and turn in with application)

Should my child, _____, become ill or suffer an accident or any character while he/she is in the care of Forest Hill Playschool, the director shall make every effort to contact me immediately. In the event the director is unable to reach me immediately, the director and/or the designated employee(s) shall be authorized to secure and consent to such medical attention, treatment and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to accept responsibility for payment of all medical costs incurred.

Parent Signature: _____ Date _____

Office use: Check # _____ Amt. Rec'd _____ Date _____