



CHRIST CHURCH
Presbyterian

SUMMER SAFARI

GUIDEBOOK



ChristChurch Presbyterian Child Development Center
106 South Third Street • Bellaire, Texas 77401



SUMMER SAFARI GUIDEBOOK

SUMMER SAFARI CAMP

Our Safari Camp provides fun activities for children (5 – 12 years of age) throughout the summer!

HOURS OF OPERATION

Camp: 8:30 AM – 4:30 PM
Before Camp: 6:30 – 8:30 AM
After Camp: 4:30 – 6:30 PM

SUMMER SAFARI CAMP TUITION

\$150 per week Sibling: \$135 / week
Before camp (6:30 – 8:30 AM) \$ 25 / week
After Camp (4:30 – 6:30) \$ 25 / week
Both Before and After Camp \$40 / week

SUMMER CAMP BREAKFAST

Breakfast is served from 7:00 – 8:30 AM
Cost: \$10 per week

SUMMER CAMP LUNCH

Campers either bring a lunch each day or purchase lunch for the week. \$25 per week
Purchased lunch includes three hot lunches and two sack lunches for field trips.

WHAT TO BRING

Each Monday, bring sun screen, swim suit, and one extra change of clothes. EVERYTHING must be labeled with the child's name. Towels are provided.

CLOTHING

All campers must wear athletic shoes. Flip flops, sandals, or crocks are not permitted. All campers receive a Safari T-Shirt. The Safari T-Shirt must be worn each day.

TOYS AND ELECTRONICS

Do NOT allow your child to bring toys, games, electronic equipment, cell phones, jewelry, or make up to camp. We are not responsible for lost or broken items brought from home.





SUMMER SAFARI GUIDEBOOK

BELLAIRE POOL

A trip to the Bellaire Pool is provided each week. This is an optional field trip. Children not going to the Bellaire Pool will be provided alternative activities. Children must pass a swim test before entering the deep end of the Bellaire Pool. Children must follow the pool rules at all times. Lifeguards are always on duty and campers are always accompanied by the CDC staff. We take pool safety procedures very seriously. Children who disregard pool rules will be returned to the CDC campus.

SAFARI CAMP T-SHIRTS

Extra T-Shirts are available for \$12 each or two for \$20.

SUNSCREEN or REPELLENT

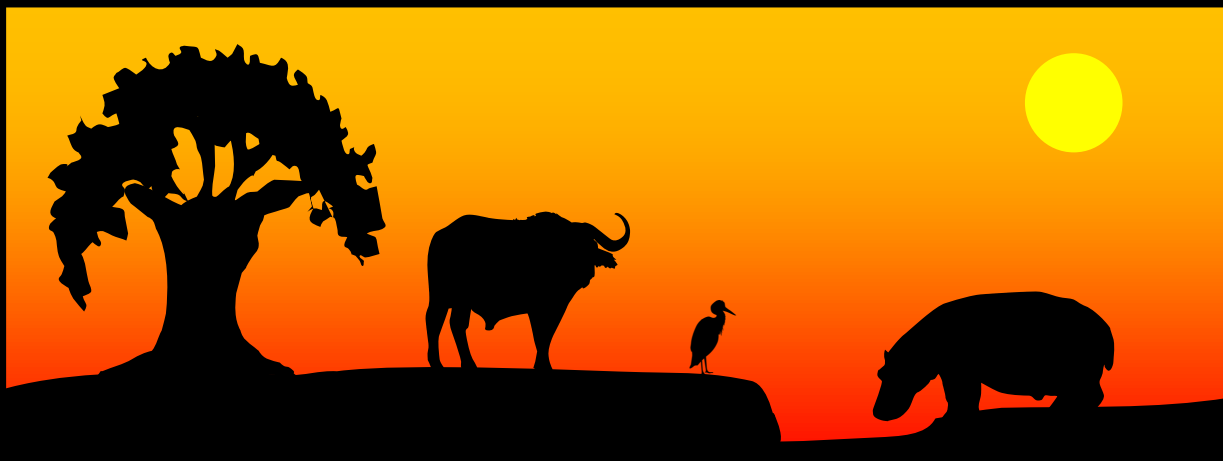
Please apply sunscreen or insect repellent before your camper arrives in the morning. We will allow campers to reapply sunscreen after lunch with parent signed permission.

WALKS and FIELD TRIPS

Campers walk to the Bellaire Library, Condit Elementary School Playground, and Bellaire Park each week. Campers are transported to field trip destinations twice per week by a school bus or the CDC van. Field trips are listed in enrollment packet.

SAFARI DISCIPLINE

The Safari campers play hard, push boundaries, and challenge each other without fear of failure or humiliation! We help children develop a “can do” attitude through encouragement, support, coaching, positive guidance, and team spirit! We reserve the right to refuse enrollment to any child or parent who fails to follow the camp rules.



SUMMER SAFARI ENROLLMENT

CHILD'S NAME

CHILD'S BIRTH DATE

GRADE ENTERING IN THE FALL

CHILD'S ADDRESS

CHILD'S T-SHIRT SIZE

X-Small Small Medium Large Adult Small

FATHER/ GUARDIAN CONTACT INFORMATION

Work Phone: _____ Cell: _____

Email: _____

Address: _____

MOTHER/GUARDIAN CONTACT INFORMATION

Work Phone: _____ Cell: _____

Email: _____

Address: _____

SCHOOL CURRENTLY ATTENDING

YES or NO My child's current vision / hearing screening and immunization and records are on file at my child's school.

SCHOOL ATTENDING IN FALL 2011

WATER ACTIVITIES

My child may participate in the following water activities

- Splashing/ wadding pools Sprinkler
 Water table play Swimming pools

SAFARI GUIDEBOOK / CDC PARENT HANDBOOK

- I received a copy of the Safari Guide Book and the CDC Handbook. I read and understand the policies, including the discipline policy

TRANSPORTATION

- I give consent for my child to travel by bus or CDC van to and from scheduled field trips
 I give consent for my child to walk to and from Bellaire pool, Bellaire park, Bellaire library, and Condit Park accompanied and supervised by Staff

FIELD TRIPS

- I give consent for my child to participate in scheduled field trips

LUNCH

- I must provide my child with a sack lunch and a bottle of water for five (5) days of camp or purchase lunch per week which includes sack lunches and drinks for field trips

EMERGENCY CONTACTS

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. please list the names and telephone numbers for each. Children will only be released to a parent or person designated by the parent or guardian after verification of ID

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____



SUMMER SAFARI ENROLLMENT

Please CHECK the BOX for each SESSION your child will attend	Standard Rate	Sibling Rate
<input type="checkbox"/> Session 1: Monday, June 6 – Friday, June 10	\$150	\$135
<input type="checkbox"/> Session 2: Monday, June 13 – Friday, June 17	\$150	\$135
<input type="checkbox"/> Session 3: Monday, June 20 – Friday, June 24	\$150	\$135
<input type="checkbox"/> Session 4: Monday, June 27 – Friday, July 2	\$150	\$135
<input type="checkbox"/> Session 5: Tuesday, July 5 – Friday, July 9	\$120	\$105
<input type="checkbox"/> Session 6: Monday, July 12 – Friday, July 16	\$150	\$135
<input type="checkbox"/> Session 7: Monday, July 19 – Friday, July 23	\$150	\$135
<input type="checkbox"/> Session 8: Monday, July 26 – Friday, July 30	\$150	\$135
<input type="checkbox"/> Session 9: Monday, August 2 – Friday, August 6	\$150	\$135
<input type="checkbox"/> Session 10: Monday, August 9 – Friday, August 13	\$150	\$135
<input type="checkbox"/> Session 11: Monday, August 16 – Friday, August 20	\$150	\$135
<input type="checkbox"/> Session 12: Monday, August 22 - Friday August 26	\$150	\$135
Before Camp Care: \$25 per week x _____ weeks = _____ total		
After Camp Care: \$25 per week x _____ weeks = _____ total		
Before and After Camp Care: \$40 per week x _____ weeks = _____ total		
Breakfast: \$10 per week x _____ weeks = _____ total		
Lunch: \$25 per week x _____ weeks = _____ total		
Summer Camp one-time registration fee (non-refundable)	\$50	\$45
Deposit payment for your child's first Summer Camp session (non-refundable)	\$150	\$135
Amount of payment		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Name of Physician	Address	Phone #
Name of Emergency Care Facility	Address	Phone #

I give my consent for CDC staff to secure any and all necessary emergency medical care for my child.

Signature of parent or legal guardian

SUMMER SAFARI CAMPER INFORMATION

Favorite toy/game	Favorite food	Favorite movie
Hobbies		Favorite animal





SUMMER SAFARI PASSPORT

Camper's Name: _____ Age: _____

Please list and describe any known:

- Seasonal/environmental allergies:
- Food allergies:
- Allergies to any medications:

Please list any information for staff about your child, such as previous illness or injury, medication instructions, or any special concerns we need to know about your child:

Passport Photo

Attach or Insert a photo of your Safari Camper here.



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Parent Contact Information:

Parent Name:	Work phone:	Cell phone:	Home phone:

Emergency Contact Information: If you cannot be reached, we will contact the following:

Name:	Relationship	Work Phone	Mobile Phone:

Authorization for Emergency Medical Attention: I consent for the CDC Staff to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian

Date

