

Dear VNS Parent,

It's **CAMP time** already!!! Children entering a 3-year-old program, 4-year-old program, or Kindergarten in **Fall 2011** are eligible to attend.

Camp for 3's and 4's begins on **Monday, June 13th** spans six weeks and **ends on Friday, July 22nd**. Sessions will be held five mornings a week from 9:15 – 11:45. Both the 3's and 4's classes will be held at the 120 King Street location (the Lutheran Church building).

Pre-K Camp for kids entering Kindergarten in the Fall of 2011 is offered for three weeks beginning **Monday, June 6th** and ending **Thurs., June 30th**. This program will be held at our 300 King Street location (the Meeting House) on the corner of King Street and Highland Avenue. Sessions begin at 9:15 and end at 11:45 five mornings a week. There is only one summer class which is limited to 16 children on any given day.

Our Summer Program will include activities such as cooking, music, stories, process art, water play, and of course, snack. Most of our time will be spent outside. Our focus in the summer is to have fun, enjoy time with friends, expand social, language, school readiness and organizational skills through play and special activities. Age-appropriate materials and equipment will be provided for the children.

We allow very **flexible scheduling** during the summer to accommodate your family's plans.

Tuition is \$25 per day and you may sign up for the specific days in the specific weeks you choose. They do not have to be consecutive weeks at all. If you choose to do the entire six weeks (available for 3's and 4's only), you receive a *substantial discount*.

The camp registration form is attached. Please fill it out & drop it off with your child, or mail it to us with a **\$100 non-refundable deposit**. If you are a current VNS family or will be attending VNS in the Fall, we will apply the camp deposit to your child's tuition if you cancel your reservation.

The BALANCE of payment for the Pre-K Summer Program is DUE Friday, June 3rd. The BALANCE of payment for the 3's and 4's camp program is also DUE June 3rd for those families only attending in June. For those families choosing June and July days, half of the balance due is payable by June 3rd and the other half payable by July 1st.

Notices of acceptance will be sent to you by return mail. If you have any questions, please feel free to call.

Sincerely,

Ruth Swetonic
Director



**THE VILLAGE NURSERY SCHOOL
SUMMER CAMP 2011
FOR 3's & 4's**



Child's Name _____ Birth Date _____
 Father's Name _____ Mother's Name _____
 Address _____ Home # _____ Cell # _____
 Emergency Local Phone & Contact: _____
 Doctor's Name and Phone: _____

>> **FALL 2011** age group (*circle one, please*) 3's 4's

PLEASE CIRCLE BELOW THE DAYS OF THE WEEK IN EACH WEEK THAT YOU WOULD LIKE YOUR CHILD TO ATTEND CAMP.

COST: \$25/day or \$550 for the full 6-week period.

>>> Please **CIRCLE** which days you plan to send your child.

6/13/11	M T W Th Fri	total days this week: _____
6/20/11	M T W Th Fri	total days this week: _____
6/27/11	M T W Th Fri	total days this week: _____
7/04/11	__ T W Th Fri	total days this week: _____
7/11/11	M T W Th Fri	total days this week: _____
7/18/11	M T W Th Fri	total days this week: _____

>>>TOTAL DAYS: _____

COST: \$25/day X _____ - \$100 deposit = BALANCE DUE of: \$ _____
 (total days)

- > I understand there will be supervised walks during Summer Camp. The teachers will inform the parents in advance.
- > I also understand the \$100 deposit is non-refundable.
- > I agree to pay the balance upon acceptance OR in 2 payments due June 3rd and July 1st 2011.

Signed _____ Date _____

Please **return this form** with your **\$100 DEPOSIT** to:
Village Nursery School P.O. Box 365 Chappaqua, NY 10514



THE VILLAGE NURSERY SCHOOL

SUMMER CAMP 2011

FOR PRE-K



Class size strictly limited to 16.

Child's Name _____ Birth Date _____

Father's Name _____ Mother's Name _____

Address _____ Phone _____

Email: _____ Cell Phone _____

Emergency Local Phone & Contact: _____

Doctor's Name and Phone: _____

PLEASE MARK BELOW THE DAYS OF THE WEEK PLUS THE WEEKS YOU WOULD LIKE YOUR CHILD TO ATTEND.

➤ Please **CIRCLE** which days you plan to send your child.

Week of:

6/06/11	M T W Th Fri	total days this week: _____
6/13/11	M T W Th Fri	total days this week: _____
6/20/11	M T W Th Fri	total days this week: _____
6/27/11	M T W Th	total days this week: _____

➔ **TOTAL DAYS:** _____

COST: \$25/day X _____ - \$100 deposit = BALANCE DUE of: \$ _____
(total days)

I understand there will be supervised walks during Summer Camp. Teachers will inform the parents in advance. I also understand the \$100 deposit is NOT refundable and I agree to pay the balance upon acceptance OR by June 3rd.

Signed: _____ Date _____

Please return this form with your \$100 check to: VNS at P.O. Box 365, Chappaqua, NY 10514

Thank you!