



Winter Holiday Camp



Give your kids (ages 3-10) a treat while you do final preparations for the holidays. Bring them to Little Harts Winter Camp! Supervised by trained Little Harts Staff. Each day is different and includes fun with friends doing:

Pony Rides

Inside Playtime

Holiday Craft

Cooking Project

Story Time/Theme Presentation

30 minute Tumbling Class (USAG certified instructor on real gym equipment)

Group Games

Lunch (bring your own)

Movie or Board Game Time

Outside Playground Play

Time: 9:00 AM to 2:00 PM

Monday Dec. 19, – Theme: The Grinch- Kids enjoy making and eating Who pudding and make and take a Grinch puppet home. Games include: Grinch Freeze Dance & Holiday Jingo

Tuesday Dec.20, - Theme: Snow and Snowmen- Children will love making a Peanut butter ball snowman for snack and a snow sculpture to take home. Games include “Pin the Nose on Frosty,” and “Frosty Snowball Toss.”

Wednesday Dec. 21, - Theme: Santa- The kids will make cinnamon rolls for our snack and a Cady Sleigh to take home. Games include “Santa, Santa Where’s Your Sleigh” and “Christmas Memory Game”.

Registration Fee: \$ 10.00 per child with full tuition due the morning of camp. **Or waive the registration fee if you pay the total camp tuition by Dec. 9.** In the case of illness, Little Harts will refund all but \$10.00 of your total tuition.

Tuition: \$30 per day for the first child in your family and \$20 per day for each additional child in your family.

Or, all 3 days \$75 for the first child and \$55 for each additional child in the family.

Contact: Rosanne Rickett 214-315-5331 rosanne@littleharts.com

695 Country Club Road, Lucas TX 75002



WINTER CAMP REGISTRATION

NAME OF CHILD: _____ Age _____

Attending Camp (circle days attending) Dec. 19 Dec 20 Dec 21

CHILD'S ADDRESS: _____

HOME TELEPHONE: _____ E-MAIL: _____

FATHER'S NAME: _____ CELL: _____

FATHER'S ADDRESS: _____ DAY PHONE: _____

MOTHER'S NAME: _____ CELL: _____

MOTHER'S ADDRESS: _____ DAY PHONE: _____

Allergies: _____

ANY SPECIAL INSTRUCTIONS? _____

NAME OF PERSON OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED IN AN EMERGENCY	RELATION TO CHILD OR PARENT	PHONE NUMBERS
1.		
2.		

I understand that in the event medical intervention is needed, if possible, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the Little Harts Preschool staff to secure treatment as deemed medically necessary.

I voluntarily give permission for Little Harts Preschool to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for my child as deemed necessary under the circumstances. I will allow emergency medical treatment to be administered as needed. Any further treatment will require parental or guardian consultation and consent. I agree to indemnify and hold harmless Little Harts Preschool and its employees, staff and volunteers for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of my child and/or me and my spouse, if any, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. I also agree that I will be responsible for any financial debt incurred by the rendering of emergency medical treatment.

Signature of Parent, Guardian or Managing Conservator

Date

Sibling Winter Camp Form:

Name _____

Age _____

Allergies? _____

Any Special Instructions?

Name _____

Age _____

Allergies? _____

Any Special Instructions?