

Christ the King Preschool
 Summer Camp Program Application
 June-August 2025



Please place a check mark next to your camp week choices:

Tuesday/Wednesday/Thursday
9am-1pm

Ages 3-5

- _____ **Week 1** – June 10-12 **Water Water! OR**
- _____ **Week 1** – June 10-12 **Rainbows and Bubbles Yoga!**
- _____ **Week 2** – June 17-19 **Bugs!**
- _____ **Week 3** – June 24-26 **Mad Science! OR**
- _____ **Week 3** – June 24-26 **Nature Yoga!**
- _____ **Week 4** – July 8-10 **Fairytales and Castles!**
- _____ **Week 5** – July 15-17 **I Spy!**
- _____ **Week 6** – July 22-24 **Lego!**
- _____ **Week 7** – July 29-31 **Great Outdoors!**
- _____ **Week 8** – August 5-7 **Cooking!**

Ages Rising Kindergarten-Rising 2nd Grade

- _____ **Week 2** – June 17-19 **Instruments and Singing Games!!**
- _____ **Week 3** – June 24-26 **Mad Science!**
- _____ **Week 4** – July 8-10 **Sounds and Salutations Yoga!**
- _____ **Week 5** – July 15-17 **Yoga Games!**
- _____ **Week 6** – July 22-24 **Lego! OR**
- _____ **Week 6** – July 22-24 **Fiber Art Fun!**
- _____ **Week 7** – July 29-31 **Mixed Media Color Adventure!**
- _____ **Week 8** – August 5-7 **Cooking!**

Ages Rising 3rd Grade-Rising 5th Grade

- _____ **Week 6** – July 22-24 **Instruments and Singing Games!**
- _____ **Week 7** – July 29-31 **Partner/Acro Yoga!**
- _____ **Week 8** – August 5-7 **Fiber Art Fun!**

*5 year olds are eligible for any of the 3-5 camps and the K-2 camps

One Registration sheet per child

Child's Name _____ Birth date: _____ M / F

Address: _____ City: _____ Zip: _____

Parent 1: Name: _____ Cell # _____

E-mail Address: _____

Parent 2 Name: _____ Cell # _____

E-mail Address: _____

Emergency contact name: (other than parent or guardian): _____

Relationship: _____ Phone: _____

Pediatrician: _____ Phone: _____

For children in the ages 3-5 camps: Is your child fully toilet trained? Yes _____ No _____

Dietary Needs: Vegetarian ____ Milk Intolerance ____

Food Allergy _____

Non-food allergies _____

*Please provide an epipen if allergy is life threatening.

Medical Emergencies: In the event of an emergency, I give Christ the King Preschool full consent to secure medical attention for my child.

Please sign: _____

Photographs: I give permission for Christ the King Preschool to use my child's photograph for any promotional materials, including newspaper, brochures, advertising, presentations and websites.

Please sign: _____

For Families outside of CTK Preschool:

Has your child had any previous preschool experience? _____

If so, where? _____

How did you learn of our summer camp programs? _____

Registration Date: _____

Check#: _____