



OLA Preschool Summer Camp 2019

Monday-Friday (unless otherwise stated), 9 am-1 pm



June 3-7 Playball camp- \$195, no discount



June 10-14 The World of Eric Carle



June 17-21 Pete the Cat Goes to Camp



June 24-28 Dr. Seuss and the Cat in the Hat



August 5-8 (Monday-Thursday) Pinkalicious and Friends-\$155

August 12-16 Playball-\$195, no discount



Camper Registration Form— discount for multiple sessions OR siblings. NO PLAYBALL discount

Camper ages 2-6 Campers must be 2 by January 1, 2019

Monday-Friday (unless otherwise stated) 9am-1pm

Child's Name _____ DOB _____ (\$195/session)

Child's Name _____ DOB _____ (\$175/session)

Parents' Names _____

Phone (cell/home) _____ Email _____

Home Address _____

Allergies & Special Needs _____

Emergency Contact/ Individuals authorized to pick up my child:

_____ Phone (c/h) _____

_____ Phone (c/h) _____

All campers will be required to submit a current immunization form 3231 prior to the first day of camp.

Please indicate the weeks attending and return with payment (Tuition Express accepted) to:

Our Lady of the Assumption Preschool 1350 Hearst Dr. N.E., Atlanta, Ga 30319

Debbie Kehoe, Director, (404) 261-7181 ext.112 dkehoe@olachurch.org

June 3-7 _____ (Playball Camp \$195 per camper) June 10-14 _____ June 17-21 _____ June 24-28 _____

August 5-8 M-TH (\$155) _____ August 12-16 _____ (Playball Camp \$195 per camper)

Authorization and Liability Release

By signing this form, I waive any and all claims against OLA Catholic Church/Preschool, staff, independent contractors, parish staff or volunteers, and the Archdiocese of Atlanta for any accident or injury occurring to my child while participating in any activity while enrolled in OLA Preschool Summer Camp. In the event of any emergency or illness, OLA Preschool will attempt to contact me. In the event they are unable to reach me, they are authorized to secure such medical attention and care for my child by contacting EMS. I give permission for my child to be transported to Children's Healthcare of Atlanta Hospital. I agree to keep OLA Preschool informed of any changes in telephone number where I can be reached.

Signed _____ Date _____

(parent or guardian)