



**We have
something fun
for you this
summer...**

"SUMMER OF WONDER"

**A PLAY PROGRAM AT
PUCKHUDDLE**

**A half-day play program for children, ages 3.5 – 8
Monday through Thursday
9am – 12pm**

Welcome to "SUMMER OF WONDER"

A PLAY PROGRAM AT PUCKIHUDDLE

We love to play, but we also love to learn!

This enriching play program runs for six weeks and is divided into weekly four-day sessions. Each week, the children will explore and learn through fun, engaging, hands-on experiences. A typical day will include time for free play, craft projects, cooking, snack, outdoor fun (weather permitting), and of course, dramatic play, where we'll use our imaginations – and some props – to create amazing adventures and journey to faraway destinations!

We hope to send your child home every day with a smile on their face, remembering fun projects, fascinating facts, and most importantly, new friends!

A SNEAK PEEK AT OUR THEMES...

NATURE

Nature Hike; Puckihuddle Garden; Animal Adaptations; Bats

We will observe nature all around us, pot herbs and veggies in our playground garden, discover why giraffes have such long necks, and "hang" out like Stellaluna.



MATH & SCIENCE

Amazing Mazes; Octopuses; Body Science; Restaurant

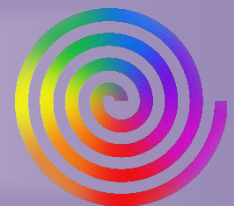
We will make some crazy mazes, count tentacles and do some *inky* experiments, learn how our bodies work from the inside out, and open our very own Japanese Noodle Shop.



THE ARTS

Sculpture Garden; Spirals; Recycled Art; To Be Or Not To Be

We will play with clay, discover special spirals, paint cereal boxes, and put on our very own play.



ADVENTURE

Dinosaur Dig; Haiti; Greenland; Dentist

We will search for fossils, set sail for Port-au-Prince, glimpse the Northern Lights, and clean some teeth – maybe even meet the Tooth Fairy!



SUMMER OF WONDER

Registration Form

Please complete this form and return with the **non-refundable deposit of \$25.00** for each week selected.

Full payment is due by May 16th

Child's Name: _____ Date of Birth _____

Nickname (for nametag): _____

Parent #1:

Parent #2:

First Name

Last Name

First Name

Last Name

Address

Address

City

State, Zip

City

State, Zip

Home Phone

Home Phone

Cell Phone

Cell Phone

Work Phone

Work Phone

Email Address (required for invoice)

Email Address

Allergies (please specify):

Medical Conditions (please specify):

School Health Form with Vaccination Record: _____ School has on file _____ Will provide by May 16th

In case of emergency and parents cannot be reached:

Name

Relationship to Child

Day Phone

Cell Phone

Name

Relationship to Child

Day Phone

Cell Phone

Other contacts/people permitted to pick up your child:

Name

Relationship to Child

Day Phone

Cell Phone

Name

Relationship to Child

Day Phone

Cell Phone

Please check which weeks your child will be attending:

CAMP RUNS MONDAY THROUGH THURSDAY

CHOOSE	WEEK	DATES	THEME	COST
	#1	June 4 - June 7	The Arts	\$125
	#2	June 11– June 14	Math & Science	\$125
	#3	June 18 – June 21	Nature	\$125
	#4	July 30 – August 2	Adventure	\$125
	#5	August 6 – August 9	The Arts	\$125
	#6	August 13 – August 16	Math & Science	\$125
FOR OFFICE USE ONLY:			Total Amount Due =	
			Deposit Due Now (\$25 per week) =	
			Additional Payment (optional) =	
			Balance (due by May 16 th) =	

Please make checks payable to Puckihuddle Preschool. Full refunds will be issued (less the \$25 nonrefundable deposit), only if cancellation notice is provided at least two weeks in advance of session start date, or in cases of a documented medical condition. Registration is transferrable based on availability.

Photo Permissions

I **DO** or **DO NOT** give permission to the staff of SUMMER OF WONDER Play Program to take pictures of my child. These pictures will be displayed or used internally for educational or enjoyment purposes only.

Parent's/Guardian's Signature

Date

I **DO** or **DO NOT** give permission to Puckihuddle Preschool, Inc. to use my child's picture for promotional purposes. This may include articles in the newspaper, our website, and print advertising. I will be contacted prior to usage and provide written permission for a specific situation.

Parent's/Guardian's Signature

Date

SUMMER OF WONDER

Release and Consent

I, _____, the parent/guardian of _____, a minor ("the registrant"), agree that I and the registrant will abide by the rules and policies of the SUMMER OF WONDER Play Program, including generally accepted standards of conduct.

parent/guardian initials

I recognize that the registrant may suffer physical injury as a result of the registrant's participation in the program. Accordingly, in consideration for accepting the registrant for participation in the program, on behalf of myself and the registrant, I hereby release, discharge, hold harmless, and indemnify Puckihuddle Preschool, Inc., and respective officers, directors, employees, and associated personnel, including, without limitation, the owners of the facilities utilized for the program, of and from any claims, demands, actions, causes of action, suits, and liability arising as a result of the registrant's participation in the program.

parent/guardian initials

CONSENT FOR MEDICAL TREATMENT OF A MINOR. As the parent or legal guardian of the minor named on this form, I give my consent to seek, obtain, and provide emergency medical treatment for such minor in case of injury that occurs while participating in SUMMER OF WONDER Play Program and related activities. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of such minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

Signature _____ Date _____

IMPORTANT NOTES:

Drop off and pick up will be in the downstairs classroom.

Please send your child every day with a healthy snack, a water bottle or thermos, hat, and sneakers (or other closed-toe and closed-heel shoe). Please be sure to apply sunscreen and bug spray before dropping your child off.

Discounts will be offered for siblings and for multiple weeks. Deduct 10% from your total payment for multiple weeks. Deduct 10% for each sibling after the first full-paying child. Only one discount may be applied per child.

Any child registering after May 16th requires payment in full at the time of registration.

PLEASE CALL IN THE MORNING IF YOUR CHILD WILL BE ABSENT

6 Main Street, P.O. Box 432 ♦ Manchaug, MA 01526 ♦ (508) 476-2939

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www.puckihuddlepreschool.com