



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

# **The SUMMER OF WONDER**

## ***Beginning June 14th***

**Themes include:  
Nature, Adventure,  
The Arts, STEM and  
Explorer**

This enriching play program runs for five 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, art projects, science experiments, snack, outdoor fun and, of course, dramatic play, where we'll use our imaginations (and some props) to create amazing adventures and experiences!

**A half-day play program for children  
Ages 3.5 or currently enrolled – 8 years old  
Monday – Thursday, 9am-12pm**

**508-476-2939**

**[director@puckihuddlepreschool.com](mailto:director@puckihuddlepreschool.com)**

**6 Main St. Sutton  
[puckihuddlepreschool.com](http://puckihuddlepreschool.com)**



# Welcome to THE SUMMER OF WONDER!

A PLAY PROGRAM AT PUCKIHUDDLE

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

## A SNEAK PEEK OF OUR EXCITING THEMES . . .

### Nature

**Come explore the nature in our everyday lives through fun experiments. You will discover the impact of the sun, learn more about plants and flowers, create art with reusable materials and go on a treasure hunt.**



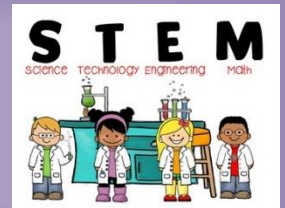
### Adventure

**Grab your passport and head to the airport for adventures near and far! This summer you can compete in the Olympics in Japan, go on an African Safari and learn to dance the Hula on the beach in Hawaii.**



### STEM

**Welcome to Puckihuddle's Science Lab. Each day a new STEM concept will be introduced. Come dive into the fun of Science, Technology, Engineering and Math through exciting hands-on activities.**



### The Arts

**Come stroll through Puckihuddle's Art Museum. Learn about famous artists, become part of the cast and create with a new medium each day. Where will your imagination lead you as you create with various traditional/non-traditional art mediums?**



### Explorer

**Come make new discoveries this week as we travel to different places and see new things around the world. What will you unearth at the dinosaur dig? What will you discover about volcanos. Can we find treasure at the bottom of the ocean?**



**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!**

# SUMMER OF WONDER

## Registration Form

Please complete this form and return with the **non-refundable deposit of \$30.00** for each week selected.

**Full payment is due by May 14<sup>th</sup>.**

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 14<sup>th</sup>

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 9am-12pm

CHOOSE	WEEK	DATES	THEME	COST
	#1	June 14 - June 17	Nature	\$130
	#2	June 21 - June 24	Adventure	\$130
	#3	June 28 – July 1	STEM	\$130
	#4	July 12 - July 15	The Arts	\$130
	#5	July 19 – July 22	Explorer	\$130
FOR OFFICE USE ONLY:			Total Amount Due =	
			Deposit Due Now (\$30 per week) =	
			Additional Payment (optional) =	
			Balance (due by May 14 <sup>th</sup> ) =	

Please make checks payable to Puckihuddle Preschool. Full refunds will be issued (less the \$30 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

During the Summer of Wonder Play Program many photographs of the children are taken throughout the week. These pictures will be displayed or used internally for educational or enjoyment purposes only.

☐ I DO

☐ I DO NOT

give permission to The Summer of Wonder Play Program to use my child's picture for promotional purposes. This may include articles in the newspaper, our website, Facebook and print advertising. This permission is granted for the summer of 2021.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 multiple weeks and for siblings. A 10% discount is offered for each additional week a child is signed up for after the first week. The first week is full price. Additionally, we provide a 10% sibling discount per child/per week for each additional child. Only one discount may be applied per child/per week.

Any child registering after May 14<sup>th</sup> 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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