

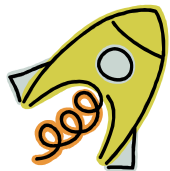
# Buckhead Prep

## Summer Fun 2010

Ages 2-7yrs  
9am-noon

### Clowning Around ~ June 7-11

Tightrope walking, face painting, ball juggling madness!!



### Spaced Out ~ June 14-18

This week is out of this world! We'll make our own Astronaut food and learn all about our planets and solar system.

### Animal Antics ~ June 21-25

We'll party like animals this week while learning about the creatures around us!!



### Hooray for the U.S.A. ~ June 28-July 2

Apple pie and baseball??? What's more American than that! We will bake our nation's beloved desert and play its favorite pastime.

### It's a Bug's Life ~ July 5-9

Campers along with their bug catchers and other bug getters" will catch all kinds of critters. From ladybugs to fireflies, we'll become BUG EXPERTS!



### Shipwrecked! ~ July 12-16

We'll swashbuckle our way through the week with map making and treasure hunting!

Join in the summer fun at  
Atlanta's Best Preschool!!



Buckhead Prep's summer day-camp is for children ages 2 - 7 years old. The camp serves Buckhead Prep students as well as children from throughout the community.

Each week will include daily picnics (please pack your child a healthy snack), loads of laughter, tons of fun, and a catered luncheon every Terrific Thursday!!

Campers can attend any or all sessions on a week-by-week basis.

Please enroll my child \_\_\_\_\_ in Buckhead Prep's 2010 Summer Camp.

My child will be attending the following weeks:

- ◇ Clowning Around: June 7-11
- ◇ Spaced Out: June 14-18
- ◇ Animal Antics: June 21-25
- ◇ Hooray for the USA: June 28-July 2
- ◇ It's a Bug's Life: July 5-9
- ◇ Shipwrecked: July 12-16

Enclosed is my non-refundable registration of \$50. I understand that I will be billed at a rate of \$200/week and that amount will be due by June 1.

\_\_\_\_\_  
Parent's Signature

~For planning purposes, we cannot offer refunds, but we will be more than happy to allow your child attend another session.~

# Buckhead Preparatory Preschool

## Summer Camp Application



Child

First Name

Middle Name

Last Name

\_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth

Age: Years Months

Place of Birth

\_\_\_\_\_

Previous School Experience:

School Name

Duration

**Mother**

**Father**

Mrs./Ms./Dr.

Mr./Dr.

Mother's Name

Father's Name

Home Address

Home Address

Mother's Employer

Father's Employer

Home Phone

/ Business or Cell Phone

Home Phone

/ Business or Cell Phone

e-mail address

e-mail address

**Health**

Pediatrician's Name

Allergies

Pediatrician's Phone

Restrictions or Physical Impairments

**Student Release**

My child may be released from school to the person signing this agreement or to the following:

Name

Address/Telephone Number