

**Dolley Madison Preschool  
Speech & Language Center of NoVA  
Summer Camp 2024  
June 3 – June 28**



**Please consider joining our 2024 Summer Camp! Your child will enjoy imaginative and outdoor play, special events, exciting projects, games, music, art, and spending time with friends.**

**CAMP HOURS:** Monday through Friday, 9 a.m. – 12 p.m.

**Optional Late Lunch Hours:** Monday through Friday, 12 p.m. – 1 p.m. **MUST BE POTTY TRAINED FOR LUNCH.**  
A commitment of at least **THREE** weeks is required to enroll.

Children must be **at least 2 ½ years old by the end of June, OR enrolled for the 2024-2025 school year.**  
Based on enrollment, classes will be grouped by ages.

Your child's acceptance to camp is granted upon submission of application, registration fee (\$50 per family), and payment of camp tuition. Priority enrollment is granted to students who apply by February 9, on a first-come, first-served basis.

**Week 1: June 3-7**

**Week 2: June 10-14**

**Week 3: June 17-21** (No camp on June 19 in observance of Juneteenth Holiday)

**Week 4: June 24-28**

**Camp PER WEEK = \$350**

**Additional Late Lunch Option PER WEEK = \$150**

**Students who receive Speech & Language Services (two 30-min sessions per week) please add \$120/week.**

**Dolley Madison Preschool**  
**Speech & Language Center of NoVA**  
**Summer Camp 2024**  
**June 3 – June 28**

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

Date of Birth: \_\_\_\_\_

Age at Start of Camp: \_\_\_\_\_

PLEASE CHECK  YOUR CHOICE OF WEEKS BELOW

(Must enroll for at least 3 Weeks)

CAMP LUNCH SPEECH

\_\_\_\_\_

Week 1: June 3-7

\_\_\_\_\_

Week 2: June 10-14

\_\_\_\_\_

Week 3: June 17-21 (No camp on June 19 in observance of Juneteenth Holiday)

\_\_\_\_\_

Week 4: June 24-28

- Camp PER WEEK = \$350
- Additional Late Lunch Option PER WEEK = \$150
- Speech & Language Services PER WEEK = \$120

**\*Please make ALL checks payable to: Speech & Language Center of NoVA**

- Registration Fee per family = \$50.
- All Camp Tuition is DUE with the Application.
- Students receiving SL Services have the option to pay in two installments:
  - HALF is Due with the Application
  - Remaining balance is DUE Wednesday, May 1.

**\*\* Should you decide to cancel after you have applied, your camp fee will be returned ONLY IF THE SLOT IS FILLED by another applicant. No registration fee will be returned.**

**\*\* To attend Lunch, children MUST BE POTTY TRAINED and bring their own labeled and dated lunch.**

Photo Permission for Advertisement on Website

\_\_\_\_\_ yes

\_\_\_\_\_ no

Permission for having your information in the camp roster

\_\_\_\_\_ yes

\_\_\_\_\_ no

Is your child potty trained?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ working on it

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**APPLICATION**  
**SUMMER CAMP 2024**

Child's Name:

\_\_\_\_\_

|      |       |        |          |
|------|-------|--------|----------|
| Last | First | Middle | Nickname |
|------|-------|--------|----------|

Date of Birth: \_\_\_\_\_ Age at start of camp: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Place Employed: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place Employed: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please provide address and phone number if a parent has a different address:

\_\_\_\_\_

Person(s) or agency having legal custody of child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY INFORMATION**

Please indicate which phone number we should contact 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>. Indicate name, address, phone numbers and relationship to child. These people are also authorized to pick up your child.

1. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Person(s) not authorized to pick up child, if any: \_\_\_\_\_

(Appropriate paper work (such as a divorce decree) must be attached if a parent is not allowed to pick up the child)

Other schools or programs attended:

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any language(s) other than English spoken at home: \_\_\_\_\_

### DEVELOPMENTAL INFORMATION

Has your child ever had speech/language therapy? Currently \_\_\_\_\_  
If so, where: \_\_\_\_\_ Previously \_\_\_\_\_ Dates: \_\_\_\_\_

### MEDICAL INFORMATION

Pediatrician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies or intolerance to food, medication etc.? \_\_\_\_\_

Actions to take in the event of an allergic reaction/emergency?  
\_\_\_\_\_

Other medical problems?  
\_\_\_\_\_

*Please note by law we are unable to administer medication of any kind without existing written permission from child's physician.*

### PERMISSION

I give permission for teachers, assistants and/or therapists to take photographs or to video tape my child while enrolled in the summer camp program for classroom use, assessment, and/or staff development.

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship \_\_\_\_\_

*The Speech and Language Center/Dolley Madison Preschool is a not-for-profit organization and does not discriminate on the basis of race, color or ethnic origin in the administration of its policies.*