

SPEECH AND LANGUAGE CENTER OF NORTHERN VIRGINIA

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Dolley Madison Preschool
(703) 356-1351

Speech and Language Services
(703) 356-2833

SUMMER ADVENTURES GALORE 2019

If you are between the ages of 3 and 6 come and join our Summer Camp!

We will have lots of fun and exceptional days full of special projects, games, music, art, imaginative play, in-house fieldtrips, and more.

The Speech and Language Center of Northern Virginia offers two 3-week sessions this summer. You have the option to opt out 1 week per session.

The dates for the sessions will be:

- Session 1 – June 10- June 27
- Session 2 – July 1- July 18

Many of our experienced teachers and assistants lead the camp. **It is held from 9:00a.m.-12 noon, four days a week (Monday-Thursday). Optional Late Lunch from 12 noon – 1p.m.**

THREE WEEKS	June 10 – June 27 or July 1 – July 18	\$495 application fee \$25 processing fee
THREE WEEKS <i>with Speech/Language Therapy</i>	June 10 – June 27 or July 1 – July 18	\$495 application fee \$25 processing fee \$300 Speech fee \$500 with application \$320 by April 19
SIX WEEKS	June 10 – July 18	\$990 application fee \$25 processing fee
SIX WEEKS <i>with Speech/Language Therapy</i>	June 10 – July 18	\$990 application fee \$25 processing fee \$600 Speech fee \$900 with application \$715 by April 19

TWO WEEKS	Between June 10 – June 27 or July 1 – July 18	\$330 application fee \$25 processing fee
TWO WEEKS <i>with Speech/Language Therapy</i>	Between June 10 – June 27 or July 1 – July 18	\$330 application fee \$25 processing fee \$200 Speech fee \$350 with application \$205 by April 19

Optional Late Lunch 12:00 – 1:00	3 weeks	\$120
Optional Late Lunch 12:00 – 1:00	2 weeks	\$80

***Should you decide to cancel after you received our acceptance letter, your camp fee will be returned only if the slot is filled. No processing fee will be returned.**

Children attending Late Lunch MUST BE potty trained and bring their own lunch.

Applications will be considered in the following order: children currently enrolled in Dolley Madison Preschool year program or speech and language therapy, children previously enrolled in our summer programs and then all other children. **After Wednesday, February 28, applications will be considered on a first come first served basis.**

If you have any questions concerning our summer program, please e-mail:
maeva.dollemadisonpreschool@gmail.com

Maeva del Campo, Director of Summer Camp

SUMMER CAMP 2019

June 10 – July 18

Monday – Thursday

9:00 a.m. – 12 noon

Child's Name: _____ Date of Birth: _____
Age at Start of Camp: _____

PLEASE INDICATE YOUR CHOICE OF SESSION(S) AND DATES BELOW. You can sign up for either session or both. You may choose to opt out of 1 week per session or attend all 3 weeks.

Session 1: June 10 – June 27

- June 10 – June 13
- June 17 – June 20
- June 24 – June 27
- Speech/Language Therapy
- Late Lunch

Session 2: July 1 – July 18

- July 1 – July 3
- July 8 – July 11
- July 15 – July 18
- Speech/Language Therapy
- Late Lunch

***Should you decide to cancel after you have received an acceptance letter, your camp fee will be returned only if the slot is filled by another applicant. No processing fee will be returned.**

**** To attend Lunch, children MUST BE potty trained and bring their own lunch.**

Photo Permission for Advertisement on Web-Site _____ yes

_____ no

Permission for having your information in the camp roster _____ yes

_____ no

ANY SPECIAL REQUESTS:

 Parent Signature

Date

APPLICATION SUMMER CAMP 2019

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

Emergency contact: Please indicate which phone number we should contact 1st, 2nd, and 3rd. Indicate name, address, phone numbers and relationship to child. These people are also authorized to pick up my child.

1. _____ Telephone: _____

_____ Cell Phone: _____

2. _____ Telephone: _____

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 _____ **Relationship** _____ **Date** _____

The Speech and Language Center 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. (A limited number of scholarships are available)