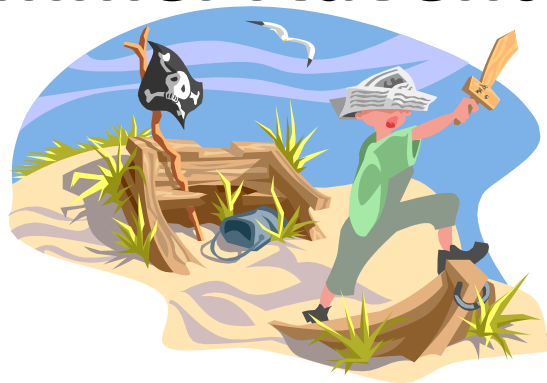


Join us for our Summer Camp

“Summer Adventures”



Mondays – Thursdays • June 23 - July 17, 2025
9:15am – 12:15pm

Weekly Themes

Week 1: Around the Campfire

June 23 - June 26

Week 2: Outer Space

June 30 - July 2 (Closed 7/3)

Week 3: Ahoy Matey

July 7 - July 10

Week 4: Jungle Safari

July 14 - July 17

Sample Schedule

9:00 - 9:15 Arrival & Free Play

9:15 - 9:30 Circle Time

9:30 - 10:30 Center Time

10:30 - 10:45 Bathroom Break

10:45 - 11:00 Snack Time

11:00 - 11:45 Outside Play

11:45 - 12:15 Closing Circle Time & Dismissal

South Branch Reformed Church Preschool

870 River Road

Hillsborough, NJ 08844

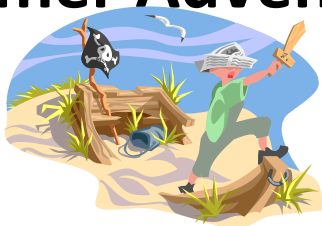
(908) 369-7885

Preschool@SBRChurch.org

Registration for currently enrolled students starts March 31, 2025.

South Branch Reformed Church Preschool
870 River Road, Hillsborough, NJ 08844 Phone:(908) 369-7885
Email:Preschool@SBRChurch.org Website:www.sbrcpreschool.org

"Summer Adventures"



2025 Summer Camp Enrollment Agreement

Please Print

Child's Name _____ Date of Birth _____

Parent's Name _____

Address _____

City / State / Zip Code _____

Home Phone # _____ Cell # _____

Email Address _____

Tuition is \$155.00 per week. Camp is held Mondays- Thursdays from 9:15am-12:15pm with the exception of the week of 6/30 which will only be held Monday - Wednesday at a reduced rate.

Children must enroll for the full week.

Space is limited to 32 children per week.

Please check weeks your child will be attending.

- | | |
|--|---------------------|
| <input type="checkbox"/> Week 1: June 23 – June 26 | Around the Campfire |
| <input type="checkbox"/> Week 2: June 30 – July 2 (Closed 7/3) | Outer Space |
| <input type="checkbox"/> Week 3: July 7 – July 10 | Ahoy Matey |
| <input type="checkbox"/> Week 4: July 14 – July 17 | Jungle Safari |

Total # of weeks(1, 3 & 4) _____ X \$155.00

Week of 6/30 _____ @ \$116.00

Amount Enclosed _____

Please make checks payable to SBRC Preschool. **Please complete both sides.**
There will be no refunds, make up days or credit if your child is unable to attend.

Child's Name _____

❖List two neighbors or nearby relatives who will assume temporary care of your child, if you cannot be reached.

1. Name _____ Phone # _____

Address _____

2. Name _____ Phone # _____

Address _____

❖In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary. I further agree to accept responsibility for any medical expenses incurred on behalf of the above-named child and under the conditions described above.

Parent Signature _____ Date _____

❖Does the above-named child have any physical or emotional needs that might interfere or affect in any way his/her experience at camp? ☐ Yes ☐ No

Explain _____

Allergies _____

Requires Epi Pen? ☐ Yes ☐ No

❖Local Physician's Name _____

Address _____ Phone # _____

❖I shall advise the SBRC Preschool in writing each time someone other than a parent will pick up my child. Only the following designated people are allowed to pick up my child:

1. _____ 2. _____

❖I understand that all fees are payable in advance with this application in the amount specified and that no child may enter or continue to attend unless all fees are paid up-to-date. This application does not guarantee acceptance. When accepted and returned, the school agrees to reserve space for the above-named child for the period specified. I understand that if this application cannot be accepted by SBRC Preschool, no contractual relationship shall exist between us, and my payment will be returned in full. **I understand that the dates of enrollment cannot be altered.** I agree that enrollment is for the entire period specified and there will be no refunds or credit if my child is not able to attend, except if a child is unable to attend due to serious injury or illness that is confirmed in writing by the child's physician.

I have read the conditions of this agreement and accept them as stated. SBRC Preschool reserves the right to cancel programs should there be insufficient enrollment.

Parent Signature _____

Date _____