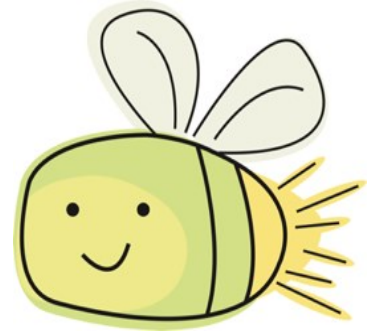


2023 Preschool Spark

This program is an extension of our preschool year. During these weeks we will focus on gross motor skills, fine motor skills, peer interaction and cognitive development in fun and interactive ways.



(ONLY for current and incoming preschool students, ages 3-5 who are potty trained. If there is enough interest, a 2 day option will be open to our current Toddler and incoming Early Learner students.)

Registration opens April 1st (return to your child's teacher or Miss Ellen)

Cost: Tuesday/Thursday - \$42 per week

Monday/Wednesday/Friday - \$63 per week

Monday - Friday - \$105 per week

(Payment is due at time of registration if choosing up to 3 weeks. If choosing 4 or more weeks, the cost can be divided into 2 payments. 1st due at registration, and 2nd due by June 23rd. Payments can be made in cash or a check made payable to Manor Church Preschool.

Time: 9:00am - 1:00pm (students bring a packed lunch)

Director: Miss Ellen - elleng@manorchurch.org

Child's Name _____ Date of Birth _____

Theme: God's Backyard - An Exploration of Our Earth

6/5-6/9 The Oceans _____ T/Th _____ M/W/F _____ M-F

6/12-6/16 The Desserts _____ T/Th _____ M/W/F _____ M-F

6/19-6/23 The Rainforests _____ T/Th _____ M/W/F _____ M-F

6/26-6/30 The Grasslands/Prairies _____ T/Th _____ M/W/F _____ M-F

7/3-7/7 NO SPARK

7/10-7/14 The Forests _____ T/Th _____ M/W/F _____ M-F

7/17-7/21 The Tundra _____ T/Th _____ M/W/F _____ M-F

Currently we are only accepting 36 students per week. If there is an overwhelming response we will look into adding additional students.

Please complete the following information:

Parent Information:

Name of Father _____ Cell phone _____

Address _____

E-mail address _____

Name of Mother _____ Cell phone _____

Address _____

E-mail address _____

Emergency Contact (If parents/guardian cannot be reached):

1. _____ Phone _____

2. _____ Phone _____

Individuals Permitted To Pick Up:

Name:

Relationship:

Address:

Phone Number:

Name:

Relationship:

Address:

Phone Number:

Allergies/Special Needs:



SPARK Participation Agreement LIABILITY RELEASE FORM - Release of All Claims

In consideration for the opportunity for my child, _____, to participate in SPARK, I acknowledge and accept the risks of injury associated with participation. I accept personal financial responsibility for any injury or other loss sustained during the activity, as well as for any medical treatment rendered to my child that is authorized by the SPARK director, employees and/or volunteers. Further, I release and promise to indemnify, defend, and hold harmless SPARK staff for any injury arising directly or indirectly out of participation in SPARK activities. Further, consent is hereby given to take my child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, if medical conditions, needs, and/or restrictions change, I acknowledge my responsibility to notify Manor Church Preschool of the changes.

Medical insurance Carrier _____

Policy or group number _____

Signature: _____ Date: _____



SPARK COVID-19 Waiver

We are very excited to have your child join us for SPARK! In order to adhere to the guidelines recommended by the CDC and the state of PA, please complete, sign and date the following waiver. We appreciate your understanding.

My child, _____, has not experienced any illnesses such as fever, shortness of breath, cough, chills, etc. within the last five days.

No one residing in the home with my child has had any of the above symptoms.

My child has not been exposed to anyone testing positive for COVID-19 within the past fourteen days.

My child has had no exposure to anyone with knowledge of being exposed to COVID-19 within the past fourteen days.

By signing, I agree that all of the above statements are true. If at any point these statements are no longer correct, I will keep my child home and notify the SPARK Director immediately. I also acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed through participation in SPARK.

Signature

Date