



SUMMER SESSION 2024

Each week we will choose a theme to explore through a combination of art, music, science, and indoor and outdoor play.

The Ormewood School is offering 6 sessions this summer for children ages 1-5. Big Learners must be two by the first day of the session and may attend 2, 3, 4, or 5 days per week. Lil' Learners must be 12-24 months old and may attend 2 days per week (either MW or TTH).

The fee for each session is \$250/5 days, \$200/ 4 days, \$150/ 3 days, and \$100/ 2 days. A 5% discount will be applied if your child is registered for 2 or more sessions. A non-refundable deposit of \$50 (which is applied to the total) is due at registration and the balance is due the first day of the session. Inquire about the sibling discount.

Please register my child for the following 2024 summer session(s):

Child's Name _____ DOB _____

Big Learners (must be 2 yrs old by the first day of the session)

Session I- June 3-7 ___ M-F ___ M-TH ___ T-F ___ MWF ___ TTH

Session II- June 10-14 ___ M-F ___ M-TH ___ T-F ___ MWF ___ TTH

Session III- June 17-21 ___ M-F ___ M-TH ___ T-F ___ MWF ___ TTH

Session IV- July 8-12 ___ M-F ___ M-TH ___ T-F ___ MWF ___ TTH

Session V- July 15-19 ___ M-F ___ M-TH ___ T-F ___ MWF ___ TTH

Session VI- July 22-26 ___ M-F ___ M-TH ___ T-F ___ MWF ___ TTH

Lil' Learners (12-24 months old)

Please choose either MW or TTH

MONDAY/WEDNESDAY

_____ Session I- June 3 & 5

_____ Session II- June 10 & 12

_____ Session III- June 17 & 19

_____ Session IV- July 8 & 12

_____ Session V- July 15 & 17

_____ Session VI- July 22 & 24

TUESDAY/THURSDAY

_____ Session I- June 4 & 6

_____ Session II- June 11 & 13

_____ Session III- June 18 & 20

_____ Session IV- July 9 & 11

_____ Session V- July 16 & 18

_____ Session VI- July 23 & 25

Photo Release

It is possible that photos taken may be uploaded to our website. Please note children's names will never accompany their pictures. Please initial next to your preference

_____ **NO, I do not wish for my child to be photographed during summer session.**

_____ **YES, I give permission for my child to be photographed during summer session.**

Please complete these pages if your child is NOT a current OS student



Summer Session Registration Form

Child Information

Child's Name: _____ Nickname: _____

Date of Birth: ___/___/___

Parent/ Guardian Information

Child lives with: **both parents** **parent #1** **parent#2**

Parent/ Guardian #1

Name: _____

Home address: _____

City, State, Zip: _____ email: _____

Home phone: _____ Cell phone: _____

Parent/ Guardian #2

Name: _____

Home address: _____

City, State, Zip: _____ email: _____

Home phone: _____ Cell phone: _____

Primary Contact Information:

Please indicate the phone number we should try first when we need to reach you and the email where you would like to receive summer session information.

Primary Phone Contact: _____

Primary Email Contact: _____

The people listed below are authorized to pick up this child:

	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

*The safety of your child is our priority. Children will not be released to anyone not on this list. If someone on this list is picking up your child for the first time, they will be asked to present photo identification.

EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME _____

In the event reasonable attempts to contact me at _____
(PHONE NUMBER) (CELL PHONE)

or _____ at _____ or
(NAME OF OTHER PARENT OR GUARDIAN) (PHONE NUMBER) (CELL PHONE)

_____ at _____ have been unsuccessful, I hereby
(EMERGENCY CONTACT) (PHONE NUMBER)
give my consent for;

1) The administration of any treatment deemed necessary by Dr. _____
(PREFERRED PHYSICIAN)
Or Dr. _____, or in the event the designated preferred practitioner is
(PREFERRED DENTIST)
not available, by another licensed doctor or dentist; and

2) the transfer of my child to _____ or any
(PREFERRED HOSPITAL)
hospital reasonably accessible.

I accept financial responsibility for the payment of all charges made for medical services rendered. I absolve school officials of any liability who in good faith comply with this request.

I am willing to make the pertinent facts listed below available to school officials for use in a medical emergency:

Insurance Company _____

Policy Number _____

Allergy Information _____

Any Other Known Medical Condition(s) _____

DATE

PARENT'S OR GUARDIAN'S SIGNATURE

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS!

Dress

Children should be dressed in cool, breathable, comfortable clothing each day. **NO Flip-Flops please, for safety reasons.** Sandals or closed toe shoes (Keens, Crocs, tennis shoes or the like are strongly preferred). Please dress your child in “play” clothes.

Snacks & Lunch

Parents are required to send a lunch each day with their child. We will provide snacks during the day. We encourage healthy food choices that will not need to be heated. Use of ice packs in lunch boxes is especially recommended at this time of year. Please send a bottle of water each day labeled with your child’s name!

What do I bring to SUMMER SESSION??

ALL items from home must be labeled with your child's name.

~A change of clothing, including underwear should be sent in on the first day in a gallon size Ziploc bag

~A sack lunch & a bottle of water (or sippy cup) each day

~Please apply sunscreen &/or insect repellent BEFORE coming to school each day. We will reapply through the day as needed.

~Please do **not** allow your child to bring toys to school.

~Children that are not potty trained will need diapers or pull ups with easy open sides, wipes, and a change of clothes.

We can be reached each day at 404-627-2214

Office Hours 9:00-2:00 ~ Summer Session Hours: 9:30-1:30

*** Pick-up will begin at 1:30pm and end at 1:45pm. If your child is not picked up by that time you will be charged a late fee of \$1.00 per minute.