



## SUMMER SESSION 2025

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).

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

The fee for each session is \$275/5 days, \$220/ 4 days, \$165/ 3 days, and \$110/ 2 days. A 5% discount will be applied if your child is registered for 2 or more sessions. A non-refundable deposit of \$50 is due at registration and the balance is due the first day of the session. Inquire about the sibling discount. **Please note that the school will be closed Thursday June 19<sup>th</sup>.**

**Please register my child for the following 2025 summer session(s):**

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

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

- Session I- June 9-13       M-F    M-TH    T-F    MWF    TTH
- Session II- June 16-20     MTWF    MTW    MWF    TF
- Session III- June 23-27    M-F    M-TH    T-F    MWF    TTH
- Session I- July 7-11       M-F    M-TH    T-F    MWF    TTH
- Session II- July 14-18     M-F    M-TH    T-F    MWF    TTH
- Session III- July 21-25    M-F    M-TH    T-F    MWF    TTH

**Lil' Learners (12-24 months old) Please choose either MW or TTH**

**MONDAY/WEDNESDAY**

**TUESDAY/THURSDAY**

- |   |   |
|---|---|
| <input type="checkbox"/> Session I- June 9 & 11   | <input type="checkbox"/> Session I- June 10 & 12      |
| <input type="checkbox"/> Session II- June 16 & 18 | <input type="checkbox"/> Session II June 17 & 20 (TF) |
| <input type="checkbox"/> Session III-June 23 & 25 | <input type="checkbox"/> Session III- June 24 & 26    |
| <input type="checkbox"/> Session IV July 7 & 9    | <input type="checkbox"/> Session IV- July 8 & 10      |
| <input type="checkbox"/> Session V- July 14 & 16  | <input type="checkbox"/> Session V July 15 & 17       |
| <input type="checkbox"/> Session VI-July 21 & 23  | <input type="checkbox"/> Session VI- July 22 & 24     |

TOS staff will share pictures and announcements on the Homeroom app. The purpose of sharing information on the Homeroom app is to share snapshots of a child's school day, developmental progress, and curriculum highlights and to share announcements about the classroom community. The photos are private for TOS use and will not be published without further consent. Parents agreeing to be part of the Homeroom app also agree not to copy and publish photos of other people's children and teachers on other media sites without the consent of parents and people pictured. Parents may opt out of photo sharing if they have concerns or preferences regarding their child's privacy. Teachers will keep a list of children whose faces should not be photographed.

NO, I do not wish for my child to be photographed and for pictures to be posted in Homeroom. I understand that my child's face may be blurred out of photos containing my child in the background.

YES, I give permission for my child to be photographed, and pictures posted on Homeroom. I agree not to copy and publish photos of other people's children and teachers on other media sites without the consent of parents/people pictured.

**Please complete these pages if your child is NOT a current TOS 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 with straps or 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 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 who 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.

