

Salisbury Presbyterian Preschool

13621 W. Salisbury Road
Midlothian, Virginia 23113

Marie Harper, Director

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804.794.2354



Where learning happens embraced by God.

SPP is offering four 4-day sessions of summer camp this year:

Session #1: June 1 – June 4 (T-F) **“Down On the Farm”**

Session #2: June 7 – June 10 (M -Th) **“Under the Sea”**

Session #3: June 14 – June 17 (M -Th) **“Stars and Stripes”**

Session #4: June 21 – June 24 (M -Th) **“Pets”**

SPP's Summer Camp is open to all our current students in the 2's, 3's, and Pre-K, as well as children registered for any of our 3's or Pre-K classes for the 2021-22 school year. If your child isn't currently a SPP student, please submit your child's health form along with the registration form. The health form can be downloaded from our website under the “Registration” tab.

Camp hours are from 10:00 a.m. to 1:00 p.m. and the fee is \$100 per session. Children should bring a tote bag with a lunch each day and a complete change of clothes in a Ziplock bag. **Registration begins on Monday, March 15 and is on a first come, first served basis.**

Space is limited. Registration forms may be returned through children's tote bags along with a check written to SPP. Please call the office if you'd like to pay with cash – do not send cash through your child's tote bag.

More camp details will be sent via email in May!

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Salisbury Summer Camp 2021 Registration Form

Child's Name: _____ Allergies: _____ EpiPen: Yes / No

Birth Date: _____ Child wears diaper/pull-up?: Yes / No

Parent Email: _____ Parent Cell: _____

In case of an emergency, we will make every effort to contact the parents first. Please provide us with the names of two **other** individuals we can contact if you cannot be reached.

Emergency Contact: _____

Relationship to Child: _____ Cell: _____

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Total paid \$ _____ (\$100.00/session)

I understand this registration fee is **non-refundable** unless space is not available.

Signed: _____ Date: _____

NOTE: If there is a buddy with whom your child would like to attend, please list his/her name below. We will do our best to accommodate requests.

Friend's Name: _____

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COVID-19 Parent Acknowledgement

Acknowledgement and Disclosure

2020-2021 School Year

Please read and initial each statement below. Both parents must initial:

1. ____ I understand that during this COVID-19 Public Health Emergency I may not be permitted to enter the facility beyond the designated drop-off and pick up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. ____ I understand that if there is a situation which requires me to enter the facility beyond the designated drop-off and pick-up area I must wash my hands before entering, and I must wear a mask. While in the facility I must practice social distancing and remain 6ft from all other individuals except for my own child.
3. ____ I understand that to enter the facility my child must be free from COVID-19 symptoms. If, during the day my child begins to display any of the following symptoms, or begins to display obvious signs of unwellness he/she will be separated from their class and will be taken to the designated area to rest or play until he/she is able to be picked up. I will be contacted, and my child must be picked up from the facility within 30 minutes of being notified.

Symptoms may include the following:

- Fever of 100.4 degrees Fahrenheit or higher
- Cough
- Chills
- Shortness of breath
- Fatigue/ muscle aches
- Sore throat
- Nausea
- Congestion or runny nose
- Diarrhea
- Loss of taste or smell
- Headache

While we understand that many of these symptoms can also be related to non COVID-19 issues, we must proceed with an abundance of caution during this Public Health Emergency. The symptoms typically appear 2-14 days after being infected so please take them seriously. Your child will need to be symptom free without any medication for 72 hours before returning to the facility.

4. ____ I understand that my child's temperature will be taken throughout the day while on facility premises.
5. ____ I understand that my child **may be asked** to wear a mask if deemed necessary.
6. ____ I understand that outside of preschool, in order to control my child's exposure in the community, I will comply with any and all state, county or local safer at home and/or Phase 1, 2, or 3 guidelines set forth by the Governor of Virginia. I will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remain 6ft from all other people.
7. ____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
8. ____ I understand if anyone in our household believes it is necessary to be tested for COVID-19 because of one's personal symptoms or a potential exposure to a family member, my student will not be able to attend preschool until the test result is known to be negative, and/or my student has quarantined for 14 days and is symptom free.

Both parents must sign below:

We, _____, _____ certify that we have read, understand and agree to comply with the provisions listed herein. I acknowledge that the failure to act in accordance with the provisions listed herein or with any other policy or procedure outlined by Salisbury Presbyterian Preschool could result in possible removal from our program.

Child's Name: _____ Date of Birth: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____