



# 2020 SUMMER

## SUMMER CAMPS

5 weeks of Summer Camp

Monday - Thursday

8:45AM - 11:45am

Cost: \$100/week

\*Registration is due weekly - the Thursday  
before the 1st day of camp.

## STAY AND PLAY

Extended care is available Monday through  
Thursday directly following Summer Camps.

11:45am - 1:45pm

Cost: \$16/day

\*Registration is due weekly - the Thursday  
before the 1st day of camp.

**ALL OPTIONS REQUIRE A ONE-TIME \$25 REGISTRATION FEE PER CHILD**

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parents' Names \_\_\_\_\_ Is your child potty trained? Yes or No

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**PLEASE MARK AN "X" NEXT TO THE CAMP WEEKS THAT YOU ARE INTERESTED IN**

| WEEK/THEME                                  | MON-THURS CAMP | STAY AND PLAY<br>(PLEASE SPECIFY DAYS) |
|---|----------------|--|
| June 1-4: Community Helpers and Superheroes |                |  |
| June 8-11: Under the Sea                    |                |  |
| June 15-18: Lego Building                   |                |  |
| June 22-25: Discover Science and Messy Art  |                |  |
| June 29-July 2: Everything Cold             |                |  |

**TO SECURE A SPACE FOR YOUR CHILD, PAYMENT IS DUE THE THURSDAY BEFORE CAMP STARTS**

**For more information:**

**God's Garden**  
**1401 E. Liberty Lane**  
**Phoenix, AZ 85048**  
**480-460-0081**  
**www.godsgarden.com**

Number of Weekly Camps = \_\_\_\_\_ x \$100/week = \_\_\_\_\_

Stay and Play = \_\_\_\_\_ x \$16/day = \_\_\_\_\_

Registration Fee = \$25

Total = \_\_\_\_\_

**\*Advanced Registration for Summer Camp is required. No walk-ins accepted!**

# GOD'S GARDEN 2020 SUMMER CAMPS



## **June 1-4: COMMUNITY HELPERS AND SUPERHEROES**

Who are the people in your neighborhood? Children will explore the different roles of people in the neighborhood. Children will explore the similarities between community helpers and superheroes. Who is your favorite superhero?

## **June 8-11: UNDER THE SEA**

Dive under the sea and explore the Ocean. Sand castles, Mermaids, shells, fish, whales, and did we mention SHARKS abound as we explore life under the ocean through nature, arts and crafts, and storytelling. You will not want to miss the adventures we explore this week – from the beach to the deepest parts of the ocean!

## **June 15-18: LEGO BUILDING**

Does your child love playing and exploring with Legos? This week is meant to enhance your child's fine motor skills, problem solving, cooperation, and creativity. Children will work together to build amazing Lego structures – robots, sky scrapers, Noah's ark – the options are endless.

## **June 22-25: DISCOVER SCIENCE AND MESSY ART**

Put on your lab coats, pull out the test tubes, and let's get messy! Children will discover the exciting world of science and art with some fun hands-on experiments. Children are free to smear, squeeze, splatter, and otherwise explore artistic possibilities through art and science.

## **June 29-July 2: EVERYTHING COLD**

Are you HOT enough yet? Come COOL down with us with some chilling activities! We'll explore with ice, snowballs, shaving cream, and so much more!!! Children will make ice cream, build an igloo, make snowflakes, and snow globes.

Camps are for children ages 2-years-old to 8-years-old. Advanced Registration is required. Children **DO NOT** need to be potty-trained to attend. Space is limited.



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

|   |                       |   |
|---|-----------------------|---|
| <b>Child's Name:</b>                                    | <b>Date Enrolled:</b> | Updated:  |
| <b>Home Address (#, Street, City, State, Zip Code):</b> |                       | <b>Date Disenrolled:</b>  |
| <b>Home Phone:</b>                                      | <b>Date of Birth:</b> | <b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female |

|                                 |   |
|---------------------------------|---|
| <b>Mother or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| Cell Phone (optional):          | <b>Contact Telephone Number:</b>                        |

|                                 |   |
|---------------------------------|---|
| <b>Father or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| Cell Phone (optional):          | <b>Contact Telephone Number:</b>                        |

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

|              |                                  |
|--------------|----------------------------------|
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |

If Medical care is necessary, call:

|                              |              |                                  |
|------------------------------|--------------|----------------------------------|
| <b>Health Care Provider*</b> | <b>Name:</b> | <b>Contact Telephone Number:</b> |
|------------------------------|--------------|----------------------------------|

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

|   |  |
|---|--|
| <b>In case of injury or sudden illness,<br/>I request that this individual be called first:</b> |  |
|---|--|

The following individual(s) may NOT remove my child from the facility:

|                 |
|-----------------|
| <b>Name(s):</b> |
|-----------------|

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Copy of current official documented immunization record attached        |
| <input type="checkbox"/> | Religious Beliefs exemption form signed by parent/guardian attached     |
| <input type="checkbox"/> | Medical Exemption form signed by physician and parent/guardian attached |
| <input type="checkbox"/> | Signed Laboratory Proof of Immunity form attached                       |

|  |             |             |             |
|--|-------------|-------------|-------------|
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached:                           | mo /day/ yr | mo /day/ yr | mo /day /yr |

**Medical Information**

|   |
|---|
| <p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>                          |
| <p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>   |
| <p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>   |
| <p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p> |
| <p>Additional comments:</p>   |
| <p>Other special instructions:</p>  |

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

|                               |              |       |
|-------------------------------|--------------|-------|
| Parent/Guardian PRINTED Name: | SIGNED Name: | DATE: |
|-------------------------------|--------------|-------|