



P1-P4 Year Old December Camp

Dear Parents:

We will be having a camp for the February break. The camp will be held from February 13th to February 17th in the Common Room from 8:30am – 5:30pm. The fees are \$200 per week or \$50 per day. A \$50 non-refundable deposit will be required with registration to secure your space. Please e-mail me at ddowling@somersfield.bm by **Friday, 3rd** to sign your son/daughter up, once registered an invoice will be sent to you. **Please note that in order for the camp to take place we will require a minimum of 10 students to be enrolled.**

The camp is to be paid for in advance, by Friday, February 10th, as counselors are not to accept payments of any kind. Should your payment not be received by the due date your child will not be able to attend the camp. Please be advised that the latter will be enforced. All payments are non-refundable as we have to staff the camp according to the bookings.

Please see below for more information regarding the day to day activities that the students will participate in.

Daily Schedule (closer to the start of camp we will send out a detailed schedule as the staff put the schedules together)

8:30am – 10:30am Registration, snack time, arts & crafts, cooking, or indoor activities
 11:00am – 2:30pm Field Trips e.g. (Aquarium, Bowling, Mini-Golf, Ferry Ride, Movies) (Tentative Field Trips)
 3:00pm – 5:30pm Snack time, arts & crafts, playtime (indoor or outdoor)

Date	Open	Hours
Monday, February 13 th , 2012	Full Day	8:30am – 5:30pm
Tuesday, February 14 th , 2012	Full Day	8:30am – 5:30pm
Wednesday, February 15 th , 2012	Full Day	8:30am – 5:30pm
Thursday, February 16 th , 2012	Full Day	8:30am – 5:30pm
Friday, February 17 th , 2012	Full Day	8:30am – 5:30pm

Kind Regards,

Dionne Dowling


SOMERSFIELD ACADEMY CAMP



Camp Registration Form

Child's Name: _____

Date of Birth: _____ Gender: _____

Parents:

Mother's Name: _____ Father's Name: _____

Mailing Address: _____ Mailing Address: _____

Email Address: _____ Email Address: _____

Phone No: (H) _____ (H) _____

(W) _____ (W) _____

(C) _____ (C) _____

EMERGENCY CONTACT

Name: _____ Phone No: _____

Child's Doctor: _____ Phone No: _____

Please detail allergies, conditions etc.

Please circle the dates that your child will be attending the camp.

Mon. Feb. 13th Tues. Feb. 14th Wed. Feb. 15th Thurs. Feb. 16th Fri. Feb. 17th