



# Noah's Camp Smile-A-Lot 2021

**For potty-trained 3 to 6-year-old children**

Noah's Ark Preschool & Rainbow Tots

3050 Marietta Avenue Lancaster, PA 17601 717-285-7110

Circle the weeks below you would like your child to attend camp. Cost is \$50 per week.

Camp runs Tuesday, Wednesday, and Thursday from 9:00-11:30 AM.

You do not need to attend Noah's Ark Preschool to attend Camp Smile-A-Lot.

Previous Noah's Ark students currently attending kindergarten are invited to join us at camp.

Enrollment is limited to 32 campers per week. Sign up early to guarantee your child a spot.

**June 15 to 17 - Under the Sea**

**June 22 to 24 - A Camping we will Go**

**June 29 to July 1 - Space Camp**

**July 13 to 15 - Pirates & Princesses**

**July 20 to 22 - Amazing Science**

**July 27 to 29 - In the Beginning**

Choose your adventure - **Pirates**  
(circle one) **Princesses**

Number of weeks circled \_\_\_\_\_ X \$50.00 = \$ \_\_\_\_\_

Attach cash or a check for the above amount, payable to **HUMC** with Noah's Camp Smile-A-Lot in the memo.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Please indicate name your child prefers to be called \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Parents E-mail: \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Best phone # to be reached during camp \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Best phone # to be reached during camp \_\_\_\_\_

Two emergency contacts who will assume care of your child if **you** cannot be reached first:

(1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Recurrent Ailments or Conditions \_\_\_\_\_

Is there any other information you feel we should know about your child?

The week before your child is scheduled to attend camp, you will receive an email containing details about your child's upcoming camp adventure.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Initials: \_\_\_\_\_