



## BEDFORD LEARNING CENTER'S JUNE BUGS & SUMMER PROGRAM 2024

February 29, 2024

Dear Parents

We are excited to begin registration for our June Bugs mini camp at Pound Ridge Community Church. This change is due to the maintenance and repairs that are scheduled at St Matthews Preschool.

This year BLC is happy to offer 3 weeks of June Bugs and 3 weeks of our Summer Program

We are busy getting ready and planning for our 6 fun filled weeks. The weeks will be Summer Fun, Princesses and Pirates, Dinosaurs, Insects and Bug, Space, and Ocean Life.

We will have lots of wonderful activities and visits from the Ice Cream truck, the Bubble Bus, Coach Chris, and a Fun Faces by Brenda. Some of our activities will include: Smore's Day, a Dinosaur Dig, and a Scavenger Hunt. Calendars will be sent to you at the beginning of June.

Please do not delay in signing your child up for June Bugs or for the summer program. Please email me with the weeks that you will be requesting. I will pencil your child into our class lists prior to sending in your child's forms. We will need your child's registration form and deposit ASAP. Once I have your registration form and deposit your child's spot will be confirmed.

Any questions or concerns please contact me.

Best,

Susan Ross

Teacher/Director of The Bedford Learning Center 914-774-2182



**BEDFORD LEARNING CENTER**  
**JUNE BUGS at POUND RIDGE COMMUNITY CHURCH**  
**2024 REGISTRATION**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Please circle class entering: 2's class 3's class 4's class or Kindergarten in Sept 2024  
School attending in Fall, 2024: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Parent 1 Cell: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

Parent 1 Work: \_\_\_\_\_ Parent 2 Work: \_\_\_\_\_

**Primary Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

**Emergency Information**

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_

3. Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Medicine allergic to \_\_\_\_\_

5. Food Allergies: \_\_\_\_\_ Epi-pen? \_\_\_\_\_

6. Any other Allergies: \_\_\_\_\_

7. Immunization Record: Up to date? \_\_\_\_\_

8. Any special health conditions: \_\_\_\_\_

**JUNE BUGS:** This mini-camp 3-week session is a fun-filled time for children aged 2- 5 years old. The children will explore art and crafts, nature, music, dramatic play, games, storytelling, science, and outdoor play. A weekly calendar will be sent with our special activities and visitors. The incoming/outgoing 2's will be placed in the current 2's classroom. The 3's will be in the current 3's' classroom. The 4's "Loft" room will have the 4/5's children. Staff is hired based on enrollment; we are therefore unable to offer refunds for withdrawal or absence of any kind. The 2's do not need to be potty trained. June Bugs is \$375.00 per week.

\_\_\_\_\_ June 10-14: 2's attend: 9:15 AM - 12:00 PM 3-5's attend: 9:00 to 11:45 Monday-Friday

\_\_\_\_\_ June 17-21: 2's attend: 9:15 AM - 12:00 PM 3-5's attend: 9:00 to 11:45 Monday-Friday

\_\_\_\_\_ June 24-28: 2's attend: 9:15 AM - 12:00 PM 3-5's attend: 9:00 to 11:45 Monday-Friday

- Deposit included with registration form: \$375.00 due by March 1<sup>st</sup> (Balance due May 1)
- Total Fees Enclosed with Registration form: \$ \_\_\_\_\_

Please make checks payable to: The Bedford Learning Center

**CAMPER INFORMATION:**

Is there anything else you would like the staff to know about your child?

\_\_\_\_\_

\_\_\_\_\_

I give my permission for the following people to pick up my child from June Bugs in addition to myself and my spouse/my child's other parent:

Parent/Guardian Signature \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PERMISSION SLIP**

Camper's Name: \_\_\_\_\_

I give my permission for the Bedford Learning Mini Camp Staff to apply the suntan lotion I send in for my child during the day.

Parent/Guardian Signature: \_\_\_\_\_

I give permission for Bedford Learning to photograph of my child and share photos on BLC's Facebook page. Please intial here: \_\_\_\_\_



Limited Space for Enrollment. Register Early!

Each year we have a waiting list.

Please send form and check to: Susan Ross 201 West Main Street. Mt. Kisco, NY 10549