

# Blossoms Bilingual Preschool

## Summer Camps

8am-3pm

7:30am-4:30pm

Ages 3-7 years old

Multiple camp  
and child discounts  
available

Spanish and  
English vocabulary  
relating to theme

# SIGN UP NOW

Call or email

With questions or to register

[Hrblossomspreschool@yahoo.com](mailto:Hrblossomspreschool@yahoo.com)

541-399-4840



**Blossoms Bilingual**  
Preschool

## Summer Camps

Blossoms will be having 7 camps this summer.

Each summer camp will be 1 week long.

We will be focusing on a different theme and emerging Spanish vocabulary, related to the theme, in each camp.

Date	Theme
July 5-8	Science
July 11-15	Ocean
July 18-22	Dinosaurs
July 25-29	Birds
August 1-5	Transportation
August 8-12	Space
August 15-19	Academics

# Blossoms Bilingual Preschool

## Summer Camp Policy



### Registration

Would you like to make sure you have a spot in a camp?

- Secure your spot by paying 25% of tuition deposit
  - ❖ This fee will be applied to the camp tuition when tuition is paid. However, if you decide you do not wish to participate in the camp it is NON-REFUNDABLE.

- Tuition is due the first day of camp or paid before

### What children need to bring (Please remember to label all your child's belongings)

- ❖ Lunch

(A snack will be provided in the morning. If your child is a picky eater or requires more than something light, please pack them extra food. We will provide them a time to eat if needed. We do have a microwave available to warm up food.)
- ❖ Water bottle
- ❖ Resting Items

Blanket/Pillow/Stuffed Animal (There will be time provided to rest for the children that need it.)
- ❖ Extra Clothes & Towel

(These can be left at school for when needed. We will get to play with water)

### Seasonal Allergies/Medications

- ❖ Sunblock

(We can sunblock your child if you send sunblock and sign a medical release form.)

If your child has allergies and takes medication for them please give it to them before they are dropped off at camp. If something is needed to be taken during camp hours, like an inhaler, we will need instructions on how to properly administer it. Along with a medical release form.

**Blossoms Bilingual Preschool**

[hblossomspreschool@yahoo.com](mailto:hblossomspreschool@yahoo.com)

2405 Eastside Rd Hood River, OR. 97031

Cell: 541-399-4840

Site: 541-386-4919 x 4310

<b>Date</b>	<b>Theme</b>
July 5-8 (Tue-Fri)	Science
July 11-15	Ocean
July 18-22	Dinosaurs
July 25-29	Birds
August 1-5	Transportation
August 8-12	Space
August 15-19	Academics

**Slots available from  
8:00-3:00 or 7:30-4:30**

# BBP Camp Commitment Prices



Camp Prices		
1 or 2 week		
	8-3	7:30-4:30
<b>5 Days</b>	\$135	\$150
<b>4 Days</b>	\$120	\$135
<b>3 Days</b>	\$110	\$125
<b># of hrs/day</b>	7	9

Commitment prices from 8-3 (7hrs per day)					
	3wks	4wks	5wks	6wks	7wks
<b>5 Days</b>	\$395	\$520	\$650	\$775	\$895
	131.66/wk	130/wk	130/wk	129.17/wk	127.86/wk
<b>Secure Your Spots Deposit</b>	\$98.75	\$130	\$162.50	\$193.75	\$223.75
<b>4 Days</b>	\$357	\$475	\$590	\$705	\$820
	119/wk	118.75/wk	118/wk	117.5/wk	117.14/wk
<b>Secure Your Spots Deposit</b>	\$89.25	\$118.75	\$147.50	\$176.25	\$205
<b>3 Days</b>	\$325	\$430	\$535	\$640	\$745
	108.33/wk	107.5/wk	107/wk	106.66/wk	106.42/wk
<b>Secure Your Spots Deposit</b>	\$81.25	\$107.50	\$133.75	\$160	\$186.25

**YOU  
CHOOSE  
YOUR  
CAMPS**

Camps do not have to be consecutive to qualify for commitment

Commitment prices from 7:30-4:30 (9hrs per day)					
	3wks	4wks	5wks	6wks	7wks
<b>5 Days</b>	\$430	\$550	\$685	\$815	\$945
	143/wk	137.5/wk	137/wk	135.8/wk	135/wk
<b>Secure Your Spots Deposit</b>	\$107.50	\$137.50	\$171.25	\$203.75	\$236.25
<b>4 Days</b>	\$395	\$520	\$650	\$775	\$895
	131.7/wk	130/wk	130/wk	129.17/wk	127.86/wk
<b>Secure Your Spots Deposit</b>	\$98.75	\$130	\$162.50	\$193.75	\$223.75
<b>3 Days</b>	\$338	\$475	\$590	\$705	\$820
	112.66/wk	118.75/wk	118/wk	117.5/wk	117.14/wk
<b>Secure Your Spots Deposit</b>	\$84.50	\$118.75	\$147.50	\$176.25	\$205

# SUMMER DAY CAMP

CAMP DATES	# of DAYS	TIME



**Blossoms Bilingual**  
Preschool

OFFICE USE ONLY	
Camp	
# of Days	
Tuition Cost	
Paid	

## Student Information Sheet/Información del Estudiante

Student Name/Nombre de niño/a: \_\_\_\_\_

Address/Domicilio: \_\_\_\_\_

DOB/Fecha de nacimiento : \_\_\_\_/\_\_\_\_/\_\_\_\_ Age/Edad \_\_\_\_\_

Male/varón \_\_\_\_\_ Female/hembra \_\_\_\_\_

Mother's Name/Nombre de Mamá: \_\_\_\_\_

Cell Phone/Teléfono Celular: (\_\_\_\_) \_\_\_\_\_

Father's Name/Nombre de Papá: \_\_\_\_\_

Cell Phone/Teléfono Celular: (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Information/Contactos Emergencia

Other Alternate Emergency Contact/Otro Contacto de Emergencia:

\_\_\_\_\_  
Phone/Teléfono: (\_\_\_\_) \_\_\_\_\_ Relation/Relación: \_\_\_\_\_

Other Alternate Emergency Contact/Otro Contacto de Emergencia:

\_\_\_\_\_  
Phone/Teléfono: (\_\_\_\_) \_\_\_\_\_ Relation/Relación: \_\_\_\_\_

Please list any Allergies/Apunte cualquier alergia: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require/ Lista de cualquier condición médica preexistente, medicamentos, atención especial, que su niño/a necesite o requiera:

---

---

---

---

In case of an emergency my child may be transported to the following medical facility/ En caso de emergencia mi hijo(a) puede ser transportado al siguiente centro medico :

---

---

### Permission/Permiso

\_\_\_\_\_ I authorize for my child to be transported in a private vehicle for class field trips during the 2015 Summer Camp. (Parents must provide a car seat for their child, which is labeled with their name.)

\_\_\_\_\_ I authorize for the Program Director or other staff members to obtain emergency transportation or treatment as deemed necessary in the event of a field trip.

\_\_\_\_\_ I give my permission for my child's picture and /or video to be taken at school and used as part of their program.

\_\_\_\_\_ I give permission for these photos and/or videos to be posted and used on our private FaceBook page.

---

I \_\_\_\_\_ parent or guardian of

---

Give my permission for him/her to participate in the preschool program with the understanding that the preschool is not responsible for accidents, missing or stolen money or clothing.

Yo \_\_\_\_\_ padre/o tutor de

---

Doy permiso para el/ella que participe en el programa preescolar con el entendimiento que no somos responsables por accidentes, ropa o dinero perdido o robado.

Parent or Guardian Signature/Firma de Padre o Madre o Tutor

Date /Fecha

Socci Galvez <b>Blossoms Bilingual Preschool</b> 2405 Eastside Rd, Hood River, OR. 97031 <a href="mailto:hrblossomspreschool@yahoo.com">hrblossomspreschool@yahoo.com</a> Cell: 541-399-4840      Site: 541-386-4919 x 4310
---

