

Covenant Summer Preschool Camp 2026 Application

A non-refundable \$25 application fee must be submitted with the application to complete the application process. The fee must be paid by check or cash, or sent via Zelle to giving@covenantpcusa.org. To receive credit for payments sent via Zelle you must include a memo with your child's full name and the phrase "Preschool Camp 2026".

- Children must be at least three years old by the start date of their session. Children must not have attended Kindergarten.
- Children must be toilet trained.
- Parents must provide a packed lunch and water bottle for their child.
- Applications should be returned via email to kevinfoitzsimons@covenantpcusa.org or dropped off during center hours on UA school days.
- Payment for all sessions is due by 5/8/26.
- Notification of acceptance and information on how to pay will be sent to your email from kevinfoitzsimons@covenantpcusa.org
- Additional enrollment forms will be required for children not enrolled at Covenant during the 2025–2026 school year, including a Medical Statement signed by the child's pediatrician prior to the start of camp.
- If fewer than 8 children enroll in a session the session may be cancelled, and payment for that session will be refunded.
- Payments will not be refunded if a child is withdrawn from a session unless the child's vacated spot is filled by another child.
- No refunds will be given for missed days, late arrival, or early pick up.

Please use an X to mark the chart below to indicate the session(s) and the number of days per session you would like your child to attend. Leave all other spaces blank.

Sessions	Dates	5 days (M-F) 9 am – 1 pm Cost: \$300	3 days (M/W/F) 9 am – 1 pm Cost: \$180	2 days (T/TH) 9 am – 1 pm Cost: \$120
Session 1 – Building/Construction	June 8 - 12			
Session 2 – Sea Creatures	June 22 - 26			
Session 3 – Space/Astronauts	July 6 - 10			
Session 4 – Dinosaurs/Fossils	July 13 - 17			
Session 5 – Camping/Ohio Animals	July 20 - 24			
Session 6 – Plants and Bugs	July 27 - 31			

Child's Name _____ Gender _____ Birthdate (mm/dd/yr) _____

Parent/Guardian Name(s) and Contact Information:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

CURRENT ENROLLMENT STATUS* (please check only if your child is currently attending class at Covenant)

CDO _____ Covenant Preschool _____ Covenant Pre-K _____

*Parents/guardians of children who are currently attending CDO, Covenant PRESCHOOL, or Covenant PRE-K may skip to the Signature/Date at the end of page 3 on this application unless there are CHANGES to their child's current information. All others are asked to complete the information below.

Child's Name _____

CHILD'S INFORMATION (you may skip this section if your child is currently enrolled (2025 – 2026 school year)

By what name should we call your child? _____

Child's Address: _____

Does your child have any food, medication, or environmental allergies? Yes _____ No _____

If yes, please explain _____

Does your child have a developmental delay or special health or medical conditions? Yes _____ No _____

If yes, please explain _____

Does your child have any dietary restrictions for medical, religious, or cultural reasons?

Yes _____ No _____ If yes, please explain _____

Child lives with (names and relationship to adults; names, relationships and ages of other children)

Who cares for the child during weekdays if not in school? _____

How does your child respond to babysitters? _____

Does your child like quiet, or more active play? _____

Does your family have any pets? Yes _____ No _____

If yes, what kind and what are their names? _____

What previous group experience has your child had and what was your child's reaction? _____

What are your child's favorite toys/books/T.V.programs/videos/songs? _____

How do you usually discipline your child? _____

Does your child have any special fears? _____

ADDITIONAL INFORMATION

What else should we know about your child? (Please use the last page of this form or attach a separate sheet if you need more space)

Child's Name _____

How did you hear about Covenant Children's Center? _____

Are you or is anyone in your family a Covenant Presbyterian Church member? _____

Family religious preference or affiliation: _____

Does this child have siblings who are currently or were previously enrolled? _____

If so, when, and which program(s)? _____

Who completed this application? _____

Signature (a typed signature is acceptable): _____ Date: _____