

Located at: 802 Ponus Ridge Road, New Canaan, CT 06840
P.O. Box 4718, Stamford, CT 06907
Phone: 203-966-2937 □ Fax: 203-966-2325 □ Email: playlanddaycamp@aol.com
www.campplaylandofnewcanaan.com □ www.playlandnurseryschool.com

January 2012

Dear Parents,

We are excited to offer a “Summer Warm-up” program for preschoolers. The program will run from Tuesday, May 29 through Friday, June 15, 2012, five days a week, 9:00 am to 2:00 pm.

The program will be the best of Playland; complimentary t-shirt, one special lunch per week, swim, archery, athletics, zip line, mini-golf, free play, art, music and more.

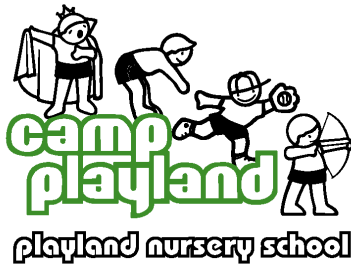
Children will bring lunch except on the special lunch days. Daily snack will be provided.

Enrollment is limited. To reserve a place, please complete and return the enclosed application.

Sincerely,

Gary Bloom
Owner / Director

Enc: Application



Located at: 802 Ponus Ridge Road, New Canaan, CT 06840
P.O. Box 4718, Stamford, CT 06907

Phone: 203-966-2937 ☐ Fax: 203-966-2325 ☐ Email: playlanddaycamp@aol.com
www.campplaylandofnewcanaan.com ☐ www.playlandnurseryschool.com



SUMMER WARM-UP FOR PRESCHOOLERS @ PLAYLAND 2012

3 Weeks - Tuesday, May 29th - Friday, June 15th
Monday-Friday, 9:00 am - 2:00 pm
Tuition - \$1,550.00

Name _____

Male / Female _____ Birthdate _____

Home Address _____
Street Town State Zip

Home Phone _____ Family Email Address _____

Mother's Name (Dr., Mrs., Ms.) _____

Home Phone _____ Business Phone _____ Cell Phone _____

Father's Name (Dr., Mr.) _____

Home Phone _____ Business Phone _____ Cell Phone _____

A non-refundable deposit of \$300.00 per child must accompany this application. This amount is applicable to the tuition. Balance of the tuition is due on April 1, 2012. It is understood that no credit will be given for camp closings, absences, family vacation or withdrawals.

Signature _____ Date _____

The above signature authorizes Camp Playland to pursue any emergency measures. Camp Playland does not provide accident or health insurance for campers.

Please read reverse side

*A **health form** (current within twelve months)
filled out by your physician and an **emergency form**
must be on file prior to the start of the program.
These may be downloaded at any time from the website.
(Up-to-date forms currently on file in the Playland Office will suffice.)*

In order to best serve your camper, please share any and all information that would be helpful to us;
i.e. strengths, special needs, supports received at school, social concerns, allergies and medical issues:

School camper attends (if not Playland Nursery school): _____
