



7900 Old Tezel Rd
San Antonio, TX 78250

Giant Steps Early Learning School

Summer Enrichment Camp 2020



Themes & Daily
Activities



Creative Classroom Enrichment



Water & Outdoor Play Exploration

Giant Steps Early Learning School

"SHOWING YOUR CHILD A LOVE FOR LEARNING" -Since 1997

Giant Steps "Summer Enrichment Camp" curriculum is built upon session themes designed to inspire your child to explore, create, interact, and stay active during the summer months. Developmentally appropriate games, which include preschool activity and school-age fun, as each theme captures your child's interests and enhances what your child has already learned. Each theme will combine famous children's books with hands-on math, science exploration, and artistic creations through the eyes of our young learners.

Program Selections

Early Learners (2-3 yrs)
Preschool (3-4 yrs) & School-Age (4-6 yrs)

Session I (June 15-July 3)

Oodles & Doodles of Art
Sun & Fun
Celebrate America

Session II (July 6-July 24)

Water Play Week
Adventures in Story Land
(Campfire, bedtime, and fairy-tale stories)
Teacher Choice Theme

Session III (July 27-August 14)

Indoor/ Outdoor Splish-Splash Ooey, Gooney, Messy Fun!
Summer Games & Friendships
Teacher Choice Theme

Thursday, August 20th
OPEN HOUSE 3:30-5:30 pm

Giant Steps Early Learning School
(210) 521-6677 / (210) 521-9966
www.giantstepsschool.com
Visit us on Facebook



**Giant Steps Early Learning School
Summer Enrichment Camp 2020**

Non-Refundable Registration Fee:

- *By March 31st- \$30.00/ \$50.00 (2)*
- *April 1-through summer-\$45.00/ \$80.00 (2)*
- **REGISTER EARLY TO GUARANTEE YOUR CHILD'S ENROLLMENT/ Classrooms fill up quickly! If enrollment is full, your child will be put on a wait list until an opening is available.**

Summer Classrooms: Ages 2-6 years

Ages 2-3 years (Ratio 11:2; Teacher & Assistant)
Ages 3-4 years (Ratio 20:2; Teacher & Assistant)
Ages 4-6 years (Ratio 20:2; Teacher & Assistant)

- **FULL DAY: 7:00-3:30 pm-NO EXT. CARE AVAILABLE FOR SUMMER SESSIONS**
- **HALF-DAY: 8:30-12:30 pm**

ENROLL BY THE SESSION (CHOOSE 1-3 AVAILABLE)- 10% Sibling Discount on 2nd child, Full Time Enrollment Only

	Session I	Session II	Session III
TUITION DUE DATES	ACH DRAFT June 1, 2020	ACH DRAFT July 1, 2020	ACH DRAFT Aug. 1, 2020
	June 15-July 3	July 6-July 24	July 27- August 14
Activity Fee	\$20	\$20	\$20
FULL DAY	7:00-3:30 pm	7:00-3:30 pm	7:00-3:30 pm
Full Time	\$665	\$665	\$665
MWF	\$460	\$460	\$460
Tues.& Thurs.	\$380	\$380	\$380
HALF- DAY	8:00-12:30 pm	8:00-12:30 pm	8:00-12:30 pm
MWF (Half Day)	\$430	\$430	\$430
Tues/ Thurs. (Half Day)	\$320	\$320	\$320

OPEN: June 15-August 14
CLOSED: June 8-12 (Summer Break/ Maintenance-CLOSED)
August 17-21 (Teacher In-Service Week/ CLOSED)

OPEN HOUSE NEW SCHOOL YEAR- Thursday, August 21, 2019 (3:30-5:30 pm)

Giant Steps Early Learning School

2020 SUMMER ENRICHMENT CAMP SESSION-ENROLLMENT FORM

(Please complete information below with registration fee. Make checks payable to Giant Steps.)

Child's Name _____ Age of Child _____ Date of Birth _____

Toilet Trained: YES NO

FULL DAY PROGRAM (7:00- 3:30 pm) Check Enrollment Option & Circle Sessions Attending

_____ Full Time (M-F) Session I Session II Session III

_____ MWF Session I Session II Session III

_____ Tuesday/ Thursday Session I Session II Session III

HALF-DAY PROGRAM (8:30 am-12:30 pm) Check Enrollment Option & Circle Sessions Attending

_____ MWF (1/2 Day) Session I Session II Session III

_____ Tues/ Thurs. (1/2 Day) Session I Session II Session III

PLEASE PRINT

Mother's Name _____ **Phone** _____

Address _____ **zip** _____

Email: _____

Father's Name _____ **Phone** _____

Address _____ **zip** _____

Email: _____

Check One:

Currently Enrolled _____ Beginning Summer 2020 _____ Summer Only _____

(Must include ALL ENROLLMENT FORMS W/ IMMUNIZATION RECORD)

OFFICE USE ONLY: PROGRAM _____ REG. FEE PAID _____



GIANT STEPS EARLY LEARNING SCHOOL
Enrollment Form

CHILD'S NAME	DATE OF BIRTH	CHILD'S HOME PHONE
CHILD'S HOME ADDRESS	CHILD'S ZIP CODE	DATE TO START
MOTHER'S NAME/ GUARDIAN'S NAME	FATHER'S NAME/ GUARDIAN'S NAME	
MOTHER'S HOME/ CELL PHONE	FATHER'S HOME/ CELL PHONE	
MOTHER'S HOME ADDRESS	FATHER'S HOME ADDRESS	CHILD RESIDES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GRANDPARENTS
MOTHER'S WORK PHONE / PLACE OF EMPLOYMENT	FATHER'S WORK PHONE / PLACE OF EMPLOYMENT	NUMBER OF CHILDREN AGES 0-5YRS
GIVE NAME OF PERSON TO CALL IN CASE OF AN EMERGENCY IF PARENTS/GUARDIAN CANNOT BE REACHED	NAME:	RELATIONSHIP:
	ADDRESS:	
	PHONE NUMBER:	
I authorize Giant Steps Early Learning School to allow my child to leave the school ONLY with the following persons.		
NAME:	NAME:	NAME:
PHONE:	PHONE:	PHONE:

WATER ACTIVITIES: I give do not give – my consent for my child to participate in water activities:
 splashing pools water slides sprinklers

ARE YOU A NEW FAMILY TO GIANT STEPS? _____ If no, how many children have previously attended Giant Steps? _____

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use, dietary restrictions, speech or developmental services, and any other information which Giant Steps should be aware of:

Check box for N/A or No known allergies at this time _____ Parent Initials

In the event that I CANNOT be reached to make arrangements for medical attention, I authorize school director or person in charge to seek medical treatment.

Name of Physician: _____ **Address/Phone Number:** _____

Name of Hospital: _____ **Address/Phone Number:** _____

I give my consent for Giant Steps to secure any and all necessary emergency medical care for my child: _____
* Parent Signature



GIANT STEPS EARLY LEARNING SCHOOL

Enrollment Form

CHILD'S NAME:

DATE OF BIRTH:

CHOOSE ONE FROM BELOW:

____ I have provided **Giant Steps Early Learning School** a copy of my child's current Immunization Records that meet Texas Minimum Vaccine Requirements.

____ Medical diagnosis and treatment with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have provided a signed and dated affidavit. I understand the affidavit is valid for 2 years.

Parent's Signature: _____

Date: _____

ADMISSION REQUIREMENTS: The following information is required prior to or upon your child's start date. (It is not required for Summer Enrichment Camp children ages 5-6 years attending elementary school.)

For children 4-5 years old, a vision and hearing screening is required.

HEALTH CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in Giant Steps Early Learning School.

Physician's Name _____ Date _____

Physician's Signature _____ Date _____

HEARING (Age 4)	100 (Hz)	2000 (Hz)	4000 (Hz)
Right			
Left			

Hearing: ____ PASS ____ FAIL ____ UNCOOPERATIVE

VISION SCREENING (AGE 4)

Right Eye 20/ ____ Left Eye 20/ ____

Vision: ____ PASS ____ FAIL ____ UNCOOPERATIVE

Alternate Option:

____ **Hearing & Vision Screening Report** has been provided by the physician and is ____ attached or ____ faxed to Giant Steps (210) 521-9966.

Physician or Screener Signature

Date

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