

ALPHABET ACADEMY

Sponsored by
Belleville Parks & Recreation Department

**NICHOLS COMMUNITY CENTER
515 EAST D STREET
BELLEVILLE, IL 62220
ALPHABET ACADEMY**

277-9798

AGES 3 - 6

(Must be potty trained)

KIDDIE CAMP HOURS

9:30 a.m. - 1:30 p.m.
Monday through Thursday
(NO CAMP ON JULY 4TH)

CAMP WEEKS & FEES

June 22 - 25 (\$44) June 29 - July 2 (\$44)
July 6 - 9 (\$44) July 13 - 16 (\$44)
July 20 - 23 (\$44) July 27 - 30 (\$44)



CAMP DISCOUNT

A 10% discount is offered for any weeks
paid in full before May 15, 2009

ALPHABET ACADEMY KIDDIE CAMP

The Belleville Parks & Recreation
Department's Alphabet Academy Kiddie Camp
program will begin on June 22, 2009 at
the Nichols Community Center.

5 EASY REGISTRATION METHODS!!

Limited Registration / One Week Minimum

ONLINE: Register online at www.belleville.net.
Under the "City Departments" tab, visit the
Belleville Parks & Recreation Link.

PHONE: Register by phone at 277-9785 with
Mastercard, Visa, Discover or American Express.

FAX: Fax registration form with credit card info
to 618-257-7646.

MAIL: Mail completed registration form along
with payment to the Nichols Community Center,
515 East D Street, Belleville IL 62220.

DROP OFF: Bring completed registration form
and payment to the Nichols Community Center,
515 East D Street, Belleville IL between 8am and
4pm.

Registrations received without payment will not
be accepted. If mailing in registration please call
first to verify if space is available.

For additional information please call ;**277-9798**

WEEKLY THEMES

Week I Miles of Smiles
Week II America the Beautiful
Week III Summertime Fun
Week IV Colors of the Rainbow
Week V Friends
Week VI Wild Wacky Week

2009 ALPHABET ACADEMY KIDDIE CAMP

(Circle weeks to attend)

Week I	June	22	23	24	25
Week II	July	29	30	1	2
Week III	July	6	7	8	9
Week IV	July	13	14	15	16
Week V	July	20	21	22	23
Week VI	July	27	28	29	30

AUTHORIZATION FOR TREATMENT

** In connection with the care of

(Name of Camper)

I hereby authorize the physicians of Memorial or
St. Elizabeth's Hospital to prescribe such
treatment and /or perform such
medical and/or surgical procedures as may
be deemed advisable or necessary in the
diagnosis and treatment of my son/daughter
or the child named above in case of
emergency.

(Selected St. Louis Hospitals if necessary)

Signature of Parent/Guardian

** This signature is required by hospital officials
before they will treat any emergency case.

Parent: Please complete this form front and back and return along with payment to pre-register your camper. This information will be kept confidential and will be used only by those at Day Camp who will read it to better understand and work with your child .

Campers Name: _____
(Last) (First) (Nickname)

Address: _____ Boy Girl
(Street) (City) (Zip)

Birthdate: _____ Age: _____ Home Phone: _____

Father's Name: _____ Father's Business Phone: _____

Mother's Name: _____ Mother's Business Phone: _____

Family doctor's name and office phone number: _____

In case of emergency and parents cannot be reached, contact:

Name: _____ Relationship: _____ Phone: _____

Special Information, Allergies, Etc. _____

PARENTS...

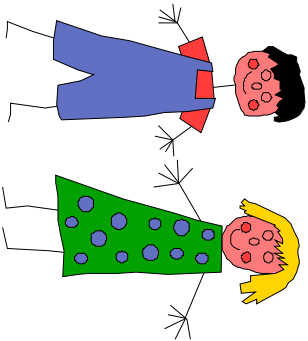
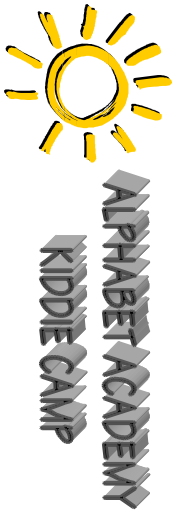
If your child must leave camp for any reason please notify the Camp Teacher in advance in order to assure your child's safety.

WHAT TO BRING...

Each child should bring a lunch daily, wear play clothes and tennis shoes. Daily snack provided.

REFUND POLICY...

A full refund will be given if cancellation is made prior to the beginning of camp. (June 22, 2009) After camp has begun a refund will be given if your spot can be filled.



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For information call NCC - 277-9785