



Dear Parents and Guardians.

This summer your child(ren) will participate at our Summer Camp. Location details can be found on our website by clicking on the city: [link website](#)

The Summer Camp beach flags are near the entry.

Some reminders:

- Gates open at **8.50 am** (Booked pre care starts from 8.00 am)
- Parents and Guardians are welcome to join in on Monday (this lasts until approx. 9.30 am)
- Monday morning, we will welcome you and your child(ren) in the yard
- The yard is the place to bring your child(ren) all mornings and pick him/her up in the afternoon
- Children's age-groups will be announced as they arrive on Monday
- We will hand out blue bracelets for the children who are allowed to be in pictures and movies.
- Please know if you DO NOT grant permission for pictures and movies, we will find an alternative for your child(ren) to participate outside the camera. We have red bracelets for the ones that are not allowed in pictures and movies. Children should leave those bracelets on during the week, so the staff can pay attention to your request.
- We will post summaries of the day on Facebook, but we won't tag any children, nor use names



- Children need to **bring their own lunch** (we take care of snacks and drinks)
- Please bring spare clothes just in case your child might have “**toilet accidents**”
- Only use the medical form (attached) if your child has any medical issues that we should be aware of.
- Pick up time is at 4.00 pm. (Booked after care ends at 5.00 pm)
- Parents and Guardians are welcome on **Wednesday at 2.30 pm** for the Short Summer Camp graduation and performance.
- To stay involved, please follow:
<https://www.facebook.com/summercampNL/> on Facebook or **evb_summercamp** on Instagram
- You can reach us during the week by using our phone number: (WhatsApp is preferred) **06-81177037**. We try to respond asap.

We look forward to welcoming you and your child(ren)!

On behalf of the Summer Camp Staff,

Kind regards,
Miss Marie and Mister Marc



Medical form

Only to be filled in if anything should be shared

Name child: _____

D.O.B. child: _____

Summer Camp week date: _____

Allergies / other: _____

Name medication: _____

Amount to give and frequency: _____

Hereby I declare that the Head Teacher in charge is allowed to give my son / daughter his / her medication.

Name Parent, Guardian: _____

Place and date: _____

Signature: _____

Please print this form and give it to the Head Teacher at the start of Camp.