



Blossom International Preschool – Summer Camp Registration 2024

5001 Pennsylvania Ave, Boulder, CO 80303 – 303.819.4084
info@blossombilingualpreschool.com

Child’s Name:

Today’s Date:

Date of Birth:

Gender:

Current Age:

All sessions are from 8:30am to 4:30pm Monday through Friday. Ages 3 to 6 years old.
Sessions are \$450 per week. 5% sibling discount.

Please select the sessions you would like to register for:

Session 1: **BLOSSOM ROYAL COURT:** Medieval storytelling and acting. Children will sew a crown and scabbard out of felt and create a wooden sword or dagger with which they can create an imaginary medieval world to explore together.
June 3 – June 14

Session 2: **COSMIC EXPLORERS (New Theme!):** Discovering space through art, story, and craft. Children will create a wooden space ship and astronaut, and a papier mâché planet.
June 17 – June 28

Session 3: **THE ENCHANTED FAIRY GARDEN:** Finding magic in our natural world and exploring storytelling through puppetry. Children will create a magical fairy diorama with natural materials create stories through shadow puppetry.
July 1 – July 12

Session 4: **STITCHES AND THREADS:** An introduction to sewing felt stuffed animals.
July 15 – July 26

Parent/Guardian #1:

Home Phone:

Street Address:

Work Phone:

City/State/ZIP:

Cell Phone:

Employer Name and Location:

Email:

Parent/Guardian #1:

Home Phone:

Street Address:

Work Phone:

City/State/ZIP:

Cell Phone:

Employer Name and Location:

Email:

Child lives with: Both Parents Single Parent
 Join Custody Other Guardian



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If the child does not live with both parents in the same household, please describe the child’s living arrangement:

Siblings:

| | | |
|----|---------|------|
| 1. | Gender: | Age: |
| 2. | Gender: | Age: |
| 3. | Gender: | Age: |
| 4. | Gender: | Age: |

Person(s) designated to pick up and drop off your child:

| | |
|------------|---------------|
| Person #1: | Phone Number: |
| Address: | |
| Person #2: | Phone Number: |
| Address: | |
| Person #3: | Phone Number: |
| Address: | |
| Person #4: | Phone Number: |
| Address: | |

Please list the school(s) that your child has attended:

Do you have any concerns about your child from past childcare experiences? Please describe:

What makes your child laugh?

What is your child’s first language:



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Does your child speak full sentences in their first language?

Please provide the following information about your child:

Play habits:

Eating schedule, behaviors, and preferences:

Sleeping patterns:

Likes and dislikes:

Gifts and challenges:

Physical abilities:

Actions/items sought when consolation is needed:

Fears:

Allergies:

Please describe any serious accidents or illnesses:

Please describe aspects of your child's personality you would like to see strengthened:



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What types of family activities do you enjoy together?

Please describe your child’s development in the following areas:

Putting on shoes:

Putting on a coat:

Putting on pants:

Toilet training:

Additional comments that may help us understand your child better:

Is your child listening to/watching/playing any of the following:

TV

Music

Movies

Video Games

Tablet

As a parent, are you aware of media’s adverse affect on child development?

Yes

No

Parent Signature:

Date:

Parent Signature:

Date:

Kindly email/mail/drop off registration and \$100 non-refundable deposit to:
Blossom International Preschool 5001 Pennsylvania Ave, Boulder, CO 80303
(Make check payable to Blossom International Preschool; Venmo-Paypal-Zelle available)