



# Orchard Hills day school

# SUMMER

# CAMP



## ACTIVITIES:

- FUN WEEKLY THEMES
- 3 FIELD TRIPS EACH WEEK
- SPLASH VALLEY EVERY FRIDAY

June 2-August 1

Orchard Hills Church  
6032 Cloverdale Road  
Roanoke, VA 24019

HAVE QUESTIONS?  
e-mail:

[orchardhillsdayschool@gmail.com](mailto:orchardhillsdayschool@gmail.com)





## SUMMER CAMP 2025 (June 2-August 1)\*

\*We will provide full-day care on all days that public school is closed, but we will not start field trips until June 2.

### Field Trip Schedule (subject to change, as we are still confirming venues)

DATE	THEME	MONDAY	WEDNESDAY	FRIDAY
May 27-30	School's Out!	Games, crafts, zip lines, and more!		
June 2-6	Aloha Summer!!	Troutville Park	Fire House Skating	Splash Valley
June 9-13	Science Explosions	Greenhill Park	Science Museum	Splash Valley
June 16-20	Camping Expedition	Fishburn Park	Treetop Quest	Splash Valley
June 23-27	All Ball!!	Blue Ridge Park	Defy Gravity	Splash Valley
June 30-July 4	Party in the USA!!	Mill Mountain Zoo	Bounce	CLOSED FOR JULY 4
July 7-11	Sharks and Pirates	Peter Pan Park	Chuck E Cheese	Splash Valley
July 14-18	Artful Antics	Music Park	Kids Square	Splash Valley
July 21-25	Gameshow Mania	Wasena Park	Starcade	Splash Valley
July 28-August 1	Animal Adventures	Troutville Park	Safari Park	Splash Valley
August 4-8	Summer Send Off!	Games, crafts, zip lines, and more!		
August 11-13	Summer Send Off!	Games, crafts, zip lines, and more!		

## Sign-up today!!

This camp is for children who have graduated from a preschool program and will be attending kindergarten in 2025 (to include Miss Chyna's pre-k class), as well as children who are currently enrolled in grades K-5. Here are the details:

- Hours are 6:30 am to 6 pm. Field trip departure time is typically 8:30 am.
- All enrolled children will need to bring a packed lunch and a water bottle every day. We will provide snacks.
- Bike Days will be every Thursday for those currently in grades K-5. Please bring a bike or scooter if you have one, and don't forget your helmet!
- Parents must be active on ProCare (this is how we communicate with you), and you must check your children in and out daily.
- Parents must be enrolled in autopay (page at back of packet).
- Parents must connect with a teacher at pick-up. We cannot allow children to walk alone through the parking lot.

Three enrollment options		
	Cost for first child	Cost for children with a sibling at OHDS
Enroll, choose weeks, and pay in full <b>by May 2</b>	\$200/week	\$180/week
Enroll, choose weeks, and pay by the week <b>after May 2</b>	\$220/week	\$198/week
Drop-in (if space available)	\$65/day for M-W-F; \$50/day for T-Th	\$58.50/day for M-W-F; \$45/day for T-Th

## Questions?

Please e-mail orchardhillsdayschool@gmail.com.

# SUMMER CAMP 2025 REGISTRATION

CHILD'S FULL NAME	PREFERRED NAME	M	F
CURRENT GRADE LEVEL (DURING 2024-2025)	BIRTHDATE	AGE	
PARENT'S NAME	PARENT'S NAME		
PARENT'S CELL #	PARENT'S CELL #		
PARENT'S E-MAIL	PARENT'S E-MAIL		
EMERGENCY CONTACT/AUTHORIZED PICK-UP (NAME AND PHONE NUMBER)			
1.			
2.			
ANYONE UNAUTHORIZED TO PICK UP?			
ALLERGIES			
MEDICATIONS			
OTHER HEALTH INFORMATION			

Please check the appropriate space below:

My child is currently/has previously been a student at OHDS. No registration fee is due.

My child has never been enrolled at OHDS. A \$60 registration fee and additional paperwork are due.

Please check the weeks that your child WILL attend summer camp:

June 2-6

June 30-July 4

July 28-August 1

June 9-13

July 7-11

June 16-20

July 14-18

June 23-27

July 21-25

I am choosing to

Pay in full for all enrolled weeks by May 2 for a discounted rate.

Pay by the week after May 2 (must be enrolled in autopay—free for bank account; 3% fee for credit card).

Pay for daily drop-ins (if space available—contact the office at least a week in advance so we can confirm available space; must be enrolled in autopay—free for bank account; 3% fee for credit card).

I understand the policies and procedures outlined in this packet, and I understand that any money paid in advance is non-refundable, but will remain in my account and can be used for future tuition costs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

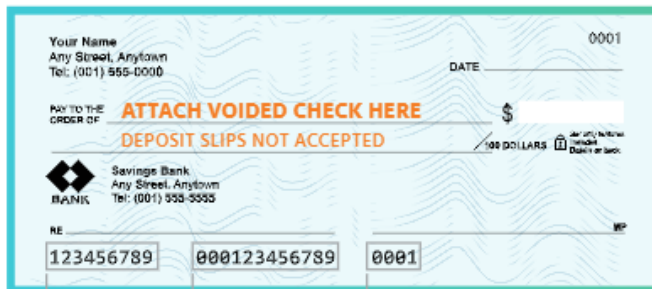
### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER: 123456789  
ACCOUNT NUMBER: 000123456789  
CHECK NUMBER: 0001

#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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