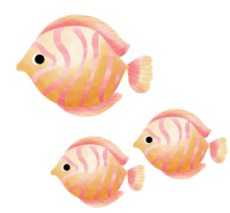
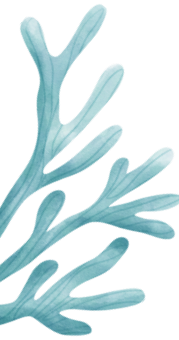


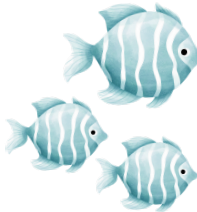


Carden Cub Camp Summer 2025



JULY 1 - AUGUST 15
9:00 - 1:00 PM HALF DAY
9:00 - 3:00 PM FULL DAY



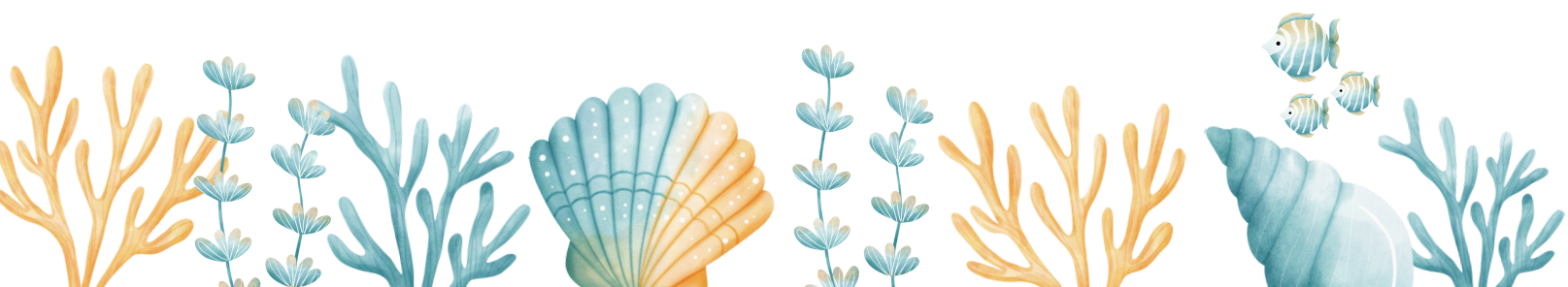
A SUMMER UNDER THE SEA



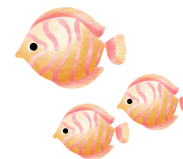
WEEK 1 → FISH, FISH, FISH
WEEK 2 → SHIMMER AND SHINE
WEEK 3 → OCEAN TREASURES
WEEK 4 → WATER EXPLORATION
WEEK 5 → SAND AND SURF
WEEK 6 → SHELLS GALORE
WEEK 7 → AHOY, MATEY!



COME JOIN US ON A SUMMER UNDER THE SEA AT CARDEN CUB CAMP. WE OFFER A WONDERFUL SOCIAL LEARNING EXPERIENCE AND HELP INSTILL CONFIDENCE IN YOUR CHILD WHILE BUILDING THEIR SELF-ESTEEM IN A SAFE EXCITING ENVIRONMENT. OUR ACTIVITIES INCLUDE CREATIVE AND COLORFUL ARTS & CRAFTS, MUSIC & DANCE, LOTS OF WATER PLAY, COOKING & BAKING, MOON BOUNCE, GAMES, THEME SHOWS, MOVIES, SCAVENGER & TREASURE HUNTS, PINATA, SCIENCE EXPERIMENTS, AND MUCH, MUCH MORE!



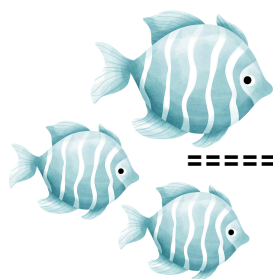
CARDEN CUB CAMP SUMMER 2025



The cost for half day is \$50.00 per day(9:00-1:00pm). Full day is \$70.00 per day((9:00-3:00pm). Snack(10:00pm) and lunch(12:00pm) will not BE INCLUDED so please remember to make sure your child brings one when he/she attends camp label and in seperate bags. Also, there will be an early morning drop off available at (8:00-9:00am) upon request. The cost will be a flat fee of \$20.00 for the hour. You may email Miss David at marie.david@cardenconejo.com.

Please make checks payable to: CARDEN CONEJO SCHOOL (All fees due with registration form). A registration form is attached on the next page and should be filled out and dropped of at the Carden office or mailed with the check to:

CARDEN CUB CAMP
106 w JANNS ROAD
THOUSAND OAKS, CA 91360



CAMP SCHEDULE

8:50-9:00	CURB DROP OFF
9:00-9:30	FREE PLAY/ACTIVITIES
9:30-10:00	CIRCLE TIME/POTTY TIME
10:00-10:30	SNACK
10:30-11:30	OUTSIDE PLAY/GAMES (BALLS, BIKES, SANDBOX, ETC.)
11:30-12:00	POTTY TIME/ARTS & CRAFTS
12:00-12:30	LUNCH
12:30-1:00	CLEAN UP/CLOSING (STORY, SONGS, ETC.)
1:00	DISMISSAL/AFTERCARE BEGINS
1:00-2:15	REST/DOWN TIME
2:15-2:45	POTTY TIME
2:45	CLEAN UP/DISMISSAL
3:00	CURB PICK UP



NOTE: WE CONSIDER ALL ALLERGIES VERY SERIOUSLY SO IF YOUR CHILD IS ALLERGIC TO ANY FOOD ITEMS, PLEASE DON'T HESITATE TO INFORM US ON THE REGISTRATION FORM.



CHILD'S NAME: _____

PARENT'S NAME: _____

CELL NUMBER: _____

EMAIL ADDRESS: _____

ALLERGIES: _____

HALF DAY - T W TH : _____
FULL DAY - T W TH : _____

HALF DAY - M T W T H F: _____
FULL DAY - M T W T H F: _____

HALF DAY - M T W T H F: _____
FULL DAY - M T W T H F: _____

HALF DAY - M T W T H F: _____
FULL DAY - M T W T H F: _____

HALF DAY - M T W T H F: _____
FULL DAY - M T W T H F: _____

HALF DAY - M T W T H F: _____
FULL DAY - M T W T H F: _____

HALF DAY- M T W T H F: _____
FULL DAY - M T W T H F: _____

#’S HALF DAY: _____ #’S FULL DAY: _____ TOTAL: _____

GRAND TOTAL: _____

