



CHILDREN'S DISPENSARY

"A PLACE TO BE ME"

Mission Statement: To enhance the learning and enrich the lives of people with special needs.

2015 W. Western Ave., Suite 233 • South Bend, Indiana 46619 • (574) 234-1169 • cdaplacetobeme@sbcglobal.net

Summer Camp Sign-Up 2010 Due May 22, 2009

Child's Name _____ Date _____

Bowling at Elks Bowling Alley 1:00-3:00 p.m. (Pizza Included)	
6/2, 6/16, 6/30, 7/21, 8/11	\$50
.....	
•	
Swim Day at Elks Club 1:00-3:30 p.m. (Hot dogs and chips included)	
6/4, 6/11, 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30, 8/6	\$100
.....	
•	
Teen Club at Elks Club Card Room (Subs included) 5:00 - 7:00 p.m.	
6/7, 6/14, 6/21, 6/28, 7/5, 7/12, 7/19, 7/26, 8/2, 8/9	\$100
.....	
•	
Day Camp at Grace United Methodist Church 1:00-3:00p.m.	
6/9, 6/23, 7/14, 7/28	\$40
.....	
•	
Family Night at the Cove. (See Flyer to follow)	
6/1 - 1 st ticket FREE	\$00
.....	
•	
Greenfield Mills Grist Mill Field Trip 6/08 11:00-3:00p.m	\$20
Silver Beach Carousel / Swim Field Trip 7/13 10:00-3:00 p.m.	\$25
.....	
• Health Works Day 6/15 1:00-4:00	\$10
Potawatomi Zoo Day 6/22 1:00 - 4:00	\$10
Potawatomi Indians St.Marys 6/29 1:00 - 4:00	\$10
\$10	
St. Pauls Handbell Choir 7/20 1:00 - 3:00	\$10
Magician @ St. Mary's 7/27 1:00 - 3:00	\$10
.....	
•	
Day Camp at Hannah and Friends 1:00 - 3:00	\$30

7/6, 7/7, 7/8

.....
•
Field Days WITH Hannah and Friends AT Hannah and Friends 12:00 – 3:00
\$30
8/3,8/4, 8/5

Summer Program Notes:

On Swim Days at the Elks your child will need their swim suit, towel, sun screen, any additional pool items in a back pack. For the field / day trips your child may need a sack lunch, orange Children’s Dispensary t-shirt swim suit, towel and sun screen in a back pack. Please be aware that for ALL field / day trips we leave on time! Also, you must have a lunch and your orange t-shirt on to enter the bus. If at anytime your child will need to take medication during our programs we require that you fill out an additional form, please call the office (574) 234-1169 to request a Medication Sheet.

How did you discover our programs? _____

Please check one of the following:

A check is enclosed for \$_____

Please make checks payable to “Children’s Dispensary”

I would like to apply for a scholarship

Charge my credit card

◇ Visa ◇ MasterCard ◇ Discover ◇ American Express
Card Number _____
Expiration Date _____ Security Code _____
Signature _____

Children’s Dispensary sponsors several events during the year to raise scholarship

**monies and to support our teachers and programs.
Donations to the Children's Dispensary are greatly appreciated.**