

Discovery Garden Montessori School Summer Camp 2017

TOUR AROUND THE WORLD



Come and join us for a trip around the world! Each week will feature different themed activities from around the globe.

Registration for current DGMS students will start **March 25th**. New camper registration will start **March 30th**. We have **limited** spaces to be filled on a first-come first-serve basis

Sessions

Summer Camp 1: June 5-June 30

June 5-June 9: North America
June 12-June 16: South America
June 19-June 23: Europe
June 26-June 30: Asia

Summer Camp 2: July 10-July 28

July 10-July 14: Australia
July 17-July 21: Africa
July 24-July 28: Antarctica

Camper Fees

Weekly Fee: Toddler

Monday-Friday 9am-12pm \$150
Monday-Friday 9am-3pm \$190

Weekly Fee: ages 3-6

Monday-Friday 9am-12pm \$130
Monday-Friday 9am-3pm \$160

Weekly Fee: extra hours (all ages)

Early Birds-Monday-Friday, 8am-9am \$25
Aftercare-Monday-Friday, 3pm-4pm \$25

Children can be registered by the week or for the entire camp!!!

If any Summer Camp or extra hours need to be cancelled due to low enrollment, we will inform you as soon as possible.

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Enrolling in: **Toddler:** (16 months-3 yrs): Half-day 9:00am-12:00pm Full-day (9:00am-3:00pm)

Primary (3-6 yrs): Half-day (9:00am-12:00pm) Full-day (9:00am-3:00pm)

I am also requesting: Early Birds (8:00am-9:00am) After Care (3:00pm-4:00pm)

Camper's full name:

Date of Birth: _____ Gender: _____

Home Address: _____

Home Telephone: _____ Home e-mail address: _____

Parent/Guardian

Parent/Guardian

Name: _____ Name: _____

Spouse Name: _____ Spouse Name: _____

Address: _____ Address: _____

(If different from applicant)

(If different from applicant)

Home Phone: _____ Home Phone: _____

Firm/Employer: _____ Firm/Employer: _____

Occupation: _____ Occupation: _____

Cell /Office Phone: _____ Cell/Office Phone: _____

Email: _____ Email: _____

List the names and relationships of the adults who are allowed to pick up your camper from

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list at least one local emergency contact and a telephone # where we can reach them:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Is your camper toilet trained? Yes No

Specify any special educational, physical, or emotional needs of your camper:

Has your camper ever suffered a serious injury or illness? Any serious allergies? _____

Please list any current medications: _____

Please initial below to give your camper permission to take routine walking field trips in the neighborhood:
