

# Discovery Garden Montessori School Summer Camp 2018

## Farm-to-Fun



### Sessions

**Summer Camp 1: June 4-June 29**

**Summer Camp 2: July 9 – August 3**

### **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.*

## **Discovery Garden Summer Camp 2018**

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:**

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:**

\_\_\_\_\_