



Come join the summer fun at Cornerspring!

Cornerspring Montessori School is offering 8 weeks of summer day camp for Toddlers, 3-6 year olds & 6-12 year olds.

Each week will have a different theme that is full of fun!

Some past themes were Space, Robotics, Cooking, Pottery, Dinosaurs, Be in the

Name of Child: _____ Date of Birth: _____

Age Group: Toddler 3-6 Years 6-12 Years (5 Full Days only)

3 Days 5 Days 1/2 Day Full Day

* 3 Day schedule must include either a Monday or Friday. Choose days: M T W Th F

My child will need: Earlycare Aftercare Maybe

Week 1: June 18 - 22

Week 5: July 16 - 20

Week 2: June 25 - 29

Week 6: July 23 - 27

Week 3: July 2 - 6

Week 7: July 30 - August 3

Week 4: July 9 - 13

Week 8: August 6 - 10

HOURS

Monday through Friday

1/2 DAY: 8:30 am - 12:30 pm

FULL DAY: 8:30 am - 3:00 pm

EARLYCARE starts at 8:00 am and is available daily for \$5.00 per day. Please notify us as far in advance as possible.

AFTERCARE ends at 4:00 and is available daily for \$10.00 per day. Please notify us as far in advance as possible.

COST

3 DAY-1/2 DAYS: \$70 per week 5 DAYS-1/2 DAYS: \$115 per week

3 DAYS-FULL DAYS: \$110 per week 5 DAYS-FULL DAYS: \$180 per week

A \$25 non-refundable deposit is required with this form for each week for each child attending.

**The remaining balance is due at the first day of the child's week.

DISCOUNTS

*10% family discount for families with more than one child enrolled in the same week of camp.

*Get the 8th week free if your child attends all 8 weeks.



Child Information

First Name:	Last Name:
Nickname:	
Date of Birth:	
Home Address:	
Home Phone:	

Parent Contact Information

Parent 1 Name:	Parent 2 Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Workplace Name:	Workplace Name:
Workplace Phone:	Workplace Phone:

Emergency Contact Information--Please list people who should be called in case of emergency if parents are not reachable.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Permission to Transport--People who are allowed to transport your child.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Medical Information

Physician Name:	Physician Phone:
Dentist Name:	Dentist Phone:
Allergies (food, meds, latex, insects, etc.):	
Medications your child takes on a regular basis:	
Medical Issues/Illnesses/Restrictions:	

Permissions & Signatures

Emergency Medical Care:
I authorize Cornespring Montessori School to obtain emergency medical deemed necessary for my child.
Signature: _____ Date: _____

Field Trips:

Please sign below to give general permission for your child to attend field trips during the summer camps. You will be notified of any off-site field trips in advance. This will give permission for impromptu(not parent notified) walking field trips on Cornerspring's 35 acres. This will also give permission for your child to be transported by teachers, parents or bus to school field trips or events.

Signature: _____ Date: _____

Publicity Issues:

I understand that my child's photo may be published in publicity and/or advertising materials such as newspapers, the school website, the school Facebook page, school brochures or other informational literature.

Signature: _____ Date: _____