2018 Montessori School of the Finger Lakes

Summer Camp Child-Care Registration Form

**Please fill out the form completely and return it at the time of registration. (Front and back)**

* Please mark the weeks your child will be attending.
* Weekly payments are **due on Monday morning of the week your child is in attendance**.
* Failure to pay will result in a $25 late fee and possible removal from following weeks of camp.

 **Parent Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Week Number** | **Dates/ Theme**  | **Camp Description**  | **Check here if your child will be attending**  |
| **1** | June 25- 27thSurvivor  | * Join a tribe
* Team building activities
* Form lifelong friendships
 |  |
|  | **CLOSED JULY 2-4**  |  |  |
| **2** | July 9th- 11th MSFL Safari  | * Scavenger hunts
* Endangered species research
* Virtual field trips
 |  |
| **3** | July 16th- 18th Blow it up | * Balloons
* Volcanoes
* Bounce house and more
 |  |
| **4** | July 23rd- 25th Merry Festivus(Happy Everything)  | * Christmas in July
* Easter egg hunt
* New celebration each day!
 |  |
| **5** | July 30- August 1st Gettin’ Dirty  | * Make Slime
* Mud pies
* Ooey gooey science
 |  |
| **6** | August 6-8th Splish Splash  | * Water Games
* Hawaiian Luau
* Water play
 |  |
| **7** | August 13th- 15th**(WE WILL BE CLOSING AT 1:00pm)**Summer Blast  | * End of summer fun
* Silly games
* Arts & craft projects
* Party! Party! Party!
 |  |

**FEES:**

|  |  |
| --- | --- |
| **Summer Camp 9:00 AM- 3:00 PM**  | **$125 per week first child, $75 per sibling**  |

We are so excited that your child has chosen to attend the Montessori School of the Finger Lakes for their summer activities. Your child will experience many new activities, make new friends, and have fun while building self-esteem. If you have any questions, please feel free to call us at 315-252-2225 or through e-mail at admin@fingerlakesmontessori.com

\*\* Fill out the form below completely and return it at the time of registration with a **$25 non-refundable** registration fee to reserve your child’s spot for camp. **Make checks payable to MSFL** \*\*

**Parent/Guardian Information #1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information #2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sunscreen Policy**

I give permission for MSFL staff to apply sunscreen to my child(ren).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Information #3

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_/\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Information #2

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_/\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Care**

I give permission for my child to be transported by ambulance to the nearest emergency care facility, should it be necessary during program hours. I give permission for my child to be treated by any medical professional in care of any emergency.

Parent Initials: \_\_\_\_\_\_\_\_\_\_\_

**Liability Statement**

I, the undersigned, as the parent/guardian of the said child(ren) listed, give permission for my child(ren) to participate in the MSFL summer camp program and assume full responsibility for all risk of injury which may result in my child’s participation in activities during the MSFL summer camp.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Information #1

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_/\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_