

COUNTRY MONTESSORRI OF POWAY

12642 Monte Vista Rd.

Poway, CA 92064

(858) 673-1756

www.countrymontessori.org

ELEMENTARY SUMMER CAMP REGISTRATION 2010

First through fourth grade

Enrollment deadline is May 28, 2010 2 week minimum

Please indicate which summer program you are registering for:

Week	Dates	Theme	Full Day/Half Day		Amt Due
#1	6/21-6/25	Famous Artists	\$180.	150.	_____
#2	6/28-7/2	Kids Love Dinosaurs	\$180.	150.	_____
#3	7/6-7/9	Wonders of the Ocean (7/5 no school)	\$144.	120.	_____
#4	7/12-7/16	Rocks and Minerals	\$180.	150.	_____
#5	7/19-7/23	Weather	\$180.	150.	_____
#6	7/26-7/30	Junior Inventors	\$180.	150.	_____
#7	8/2-8/6	Wonders of the Ancient World	\$180.	150.	_____
#8	8/9-8/13	Marvelous Masks	\$180.	150.	_____

* Charge included for supplies

Materials & Registration Fee for first time summer students: \$50.00 _____

Total of Camp Fees: \$ _____

***Total Amount Enclosed \$ _____

ALL 1ST TIME FAMILIES MUST PAY TOTAL FEES IN ADVANCE

NEW STUDENTS: PLEASE ENCLOSE A COPY OF THE YELLOW IMMUNIZATION CARD

***CAMP FEES MUST BE PAID IN FULL IF SIGNING UP FOR THREE WEEKS OR LESS. IF REGISTERED FOR 4 WEEKS OR MORE PLEASE PAY 50% OF THE TOTAL FEES WHEN SUBMITTING THE REGISTRATION FORM. REMAINDER DUE BY JULY 6, 2010 THERE IS A **\$50.00 LATE FEE** IF PAYMENT IS LATE.

Daycare Yes _____ No _____ AM Arrival Time _____ PM Pick up Time _____
Daycare is billed monthly at a rate of \$5.00 per hour

If previously attended our summer camp, which year? _____

ABSOLUTELY NO REFUNDS OR CREDIT

Child's Name _____ Age _____ DOB _____ Sex _____

Home address _____

City _____ Zip _____ Phone _____

Signature of Parent or Guardian

*****Please fill out ALL the emergency information on the back*****

OFFICE USE ONLY:

FIRST PAYMENT _____ CHECK# _____ DATE _____

BALANCE DUE _____

SECOND PAYMENT _____ CHECK# _____ DATE _____

BALANCE DUE _____

Rev 3/10

Is there a medical condition or any allergies? NO _____ YES _____
If YES, please explain in detail.

THIS SECTION MUST BE COMPLETED

Persons to be called in case of accident or illness who are authorized to pick up child:

Mother/Guardian

Name _____ Work Phone _____

Hours _____ Pager or cellular number _____

Father/Guardian

Name _____ Work Phone _____

Hours _____ Pager or cellular number _____

Alternate persons to be called if parents or guardians cannot be reached, also authorized to pick up child:

Name _____ Phone _____

Name _____ Phone _____

Physician: _____ Phone _____

____ Yes ____ No My child has permission to be transported to and from the school for field trips and/or educational purposes. You will be notified in advance of any field trip.

____ Yes ____ No My child has permission to go for short walks up Monte Vista Road for the purposes of a nature walk and/or visit the local retirement homes.