

Greensboro Montessori Summer Camp 2009 Registration Form

Child Name: _____

Session 1 **Session 2** **Session 3** **Session 4**
 22-Jun 6-Jul 13-Jul 20-Jul

Toddler	Ages	Weekly Fee	Please circle the camp group and session below.			
Taking a Giant Step	3	\$170		8:30-11:30		8:30-11:30
Music Movement & More	2-3	\$170	8:30-11:30	8:30-11:30		
No Child Left Inside	2-3	\$265			8:30-3:00	8:30-3:00

Primary						
Once Upon a Time	3-5	\$170	8:30-11:30			
If You Give Kid a Paintbrush	3-5	\$170	8:30-11:30			
Art Menagerie	3-5	\$170		8:30-11:30		
ZooDoodle Safari	3-5	\$170		8:30-11:30		
Mix, Mold & Matisse	3-5	\$170			8:30-11:30	
Dreaming of the Future	3-5	\$170			8:30-11:30	
Japanese Immersion	3-4	\$170				8:30-11:30
Really Big, Gigantic & Teeny, Tiny Art	3-5	\$170				8:30-11:30
Wild, Wild West	3-5	\$170				8:30-11:30

Primary & Lower EI (combined)						
A Week in the Woods	4-9	\$265		8:30-3:00	8:30-3:00	
Rhythm & Drumming	4-8	\$170		8:30-11:30	8:30-11:30	

Elementary & Older						
Moving on up!	6	\$265	8:30-3:00	8:30-3:00		
Butterflies and So Do Dragons	6-8	\$170	8:30-11:30	8:30-11:30	8:30-11:30	
Mix, Mold & Matisse	6-10	\$170	8:30-11:30			
Art Rocks	6-10	\$170	*12:30-3:30			
Showtime!	6-8	\$265		8:30-3:00	8:30-3:00	
Really Big, Gigantic & Teeny, Tiny Art	6-10	\$170		8:30-11:30		
If You Give Kid a Paintbrush	6-10	\$170		*12:30-3:30		
Montessori Market	8-12	\$265			8:30-3:00	8:30-3:00
Eco Art	6-10	\$170			8:30-11:30	
Cartoon Creations	6-10	\$170			8:30-11:30	
Dreaming of the Future	6-10	\$170			*12:30-3:30	
Music & Art Extravaganza	6-10	\$170				8:30-11:30
Going Green	6-10	\$170				8:30-11:30
Draw Rah, Rah	6-10	\$170				*12:30-3:30
Drawing & Painting	9-14	\$170	8:30-11:30			
Trailblazers	10-14	\$325	8:30-5:30			8:30-5:30
Can You Dig It?	9-14	\$265		8:30-3:00	8:30-3:00	
Rhythm & Drumming	9-14	\$265				8:30-3:00

Please circle the camp group and session above.

*Attention Elementary Campers: If afternoon session 12:30-3:30 is combined with a morning session, camper may have lunch at GMS, and Total Weekly Cost will be discounted to \$280.

	Session 1	Session 2	Session 3	Session 4
Camp Fee	\$	\$	\$	\$
After Camp Care Hours Needed				
After Camp Care Fee	\$	\$	\$	\$

Payment for the first reserved week should accompany the registration form. All other weeks may be reserved with a \$25 non-refundable reservation fee for each week. The \$25 fee will be deducted from the tuition for that session

TOTAL PAID				
TOTAL DUE				

After Camp Care Fees (weekly):

11:30-3:00pm = \$96 per week

11:30-5:30pm = \$165 per week

3:00-5:30pm = \$69 per week

Deadline for Summer Camp Registration is April 30, 2009

All Day Summer CASA Care 2009

Fees:	Hours:	8:30 - 11:30	8:30 - 3:00	8:30 - 5:30
	5 days	\$150	\$250	\$300
	4 days	\$120	\$200	\$240
	3 days	\$90	\$150	\$180
	2 days	\$60	\$100	\$120

Weeks: Days (circle): Fees:

June 16-20 M, T, W, R, F _____

July 27-31 M, T, W, R, F _____

August 3-7 M, T, W, R, F _____

Registration:

Name of child: _____ Birthdate : _____ Age : _____

Address: _____ City/zip: _____

Name of Parent or Guardian: _____ Home telephone: _____

Mother's work phone: _____ Cell: _____ Father's work phone: _____ Cell: _____

Emergency contact (other than parent): _____ Relation: _____ Phone: _____

Authorized transportation list: _____

The following may not transport my child: _____

Emergency and medical information will be taken from the 2008-2009 School Emergency Forms if your child is already enrolled in the school. If there is information that needs to be changed, please call the office. If your child is new to the school, you will need to mail/fax in a copy of the child's immunization records and fill out an emergency response card on the day he/she enters. Our fax number is: 665-9531.

The deadline for summer care registration is April 30th.

Signed: _____ Date: _____

Emergency Information for Camp

Name of child: _____ Birth date: _____ Age: _____

Address: _____ City/zip: _____

Name of Parent or Guardian: _____ Home telephone: _____

Mother's work phone: _____ Cell: _____ Father's work phone: _____ Cell: _____

Emergency contact (other than parent): _____ Relation: _____ Phone: _____

Authorized transportation list: _____

The following may not transport my child: _____

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Blanket Field Trip Permission (6 yrs. through 14 yrs. only)

By signing this registration form, I give permission for the above named child to participate in all planned field trips and activities. I also give permission for my child to be transported in the school's bus and/or parent, staff owned vehicles. I understand the facility will use the appropriate child restraint devices and abide by all the safety rules when my child is transported in a vehicle and that I will be notified of the trip in advance.

Signed: _____ Date: _____