

Toddler To Kindergarten <u>Summer Camp Enrollment Form</u>



Come join the summer fun at Cornerspring!

Cornerspring Montessori School is offering 8 weeks of summer day camp for Toddlers and 3-6 year olds. Campers will have engaging and unique experiences while exploring the woods, completing arts and crafts, and making new friends. Each day campers will participate in a variety of enrichment based activities that foster independence and build community. We look forward to working with your child!

5 Full Days: \$265 per week

3 Full Days: \$200 per week

5 Full Days: \$300 per week

Name of Child:	Date of Birth:	
Age Group: ☐ Toddler	3-6 Years	
☐ 3 Days ☐ 5 Days * 3 Day schedule mus	☐ 1/2 Day ☐ Full Day t include either a Monday or Friday. Choose days: ○M ○T ○W ○Th ○) F
Additional Needs:	☐ Aftercare ☐ Extended Aftercare	
A \$100 non-refund	lable deposit is required with this form for each week and for each child attending	
☐ Week 1: June 17 - 21	☐ Week 4: July 8 - 12 ☐ Week 7: July 29 - August 2	
☐ Week 2: June 24 - June 2	8	
Week 3: July 1 - 5* *No camp July 4th HOURS Monday through Friday	Week 6: July 22 - 26 Payment Method (Please select one) □ Card □ Cash □ Check There will be no schedule changes after June 1st, 202	e er
1/2 DAY: 8:30 am - 12:30 pm	ACH (please request a form if not already on file)	
AFTERCARE ends at $\frac{100}{4:00}$ and is availa	available daily for \$5.00 per day. Please notify us as far in advance as possible. able daily for \$10.00 per day. Please notify us as far in advance as possible. vailable daily for \$20.00 per day. Please notify us as far in advance as possible.	
COST PER WEEK		
Cornerspring Family Prices: 3	Half Days: \$120 per week 3 Full Days: \$175 per week	

5 Half Days: \$200 per week A \$100 non-refundable deposit is required with this form for each week for each child attending.

5 Half Days: \$175 per week

3 Half Days: \$150 per week

**The remaining balance for each week is due on the first day of the week/s selected at Check-In. **

10% Discount for Currently Enrolled Cornerspring Families (Early/After/Extended Care not included)



Visiting Family Prices:







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 InformationPlease	list neonle who	•		margancy if parents are not reachable		
Name:	Phone:			Relationship:		
Name:		Phone:		Relationship:		
Permission to TransportPeople who are allo		your child				
Name:	Phone:	your cimu.		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 b	asis:					
Medical Issues/Illnesses/Restrictions:						
Permissions & Signatures						
Emergency Medical Care:						
I authorize Cornespring Montessori School to o	btain emergen	icy medical de	emed neces	sary for my child.		
ignature: Date:						
Field Trips:						
Please sign below to give general permission fo	r your child to	attend field t	rips during th	ne summer camps. You will be notified of any off-		
	· · · · · · · · · · · · · · · · · · ·		-	walking field trips on Cornerspring's 42 acres. This		
will also give permission for your child to be tra	nsported by te	eachers, parer	nts or bus to	school field trips or events.		
Signature:	nature: 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

Date:

school Facebook page, school brochures or other informational literature.
Signature: