



Come join the summer fun at Cornerspring!

Cornerspring Montessori School is offering 10 weeks of summer day camp for Toddlers and 3-6 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 Band, Building, Insects and more. Stay tuned for this year's themes.

Name of Child: _____ Date of Birth: _____

Age Group: Toddler 3-6 Years

3 Days 4 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

Additional Needs: Earlycare Aftercare Extended Aftercare

Week 1: June 8 - 12

Week 2: June 15 - 19

Week 5: July 6 - 10

Week 8: July 27 - 31

Week 3: June 22 - 26

Week 6: July 13 - 17

Week 9: August 3 - 7

Week 4: June 29 - July 3

Week 7: July 20 - 24

Week 10: August 10 - 14

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.

AFTERCARE EXT ends at 5:00 and is available daily for \$15.00 per day. Please notify us as far in advance as possible.

COST

3 DAYS-1/2 DAYS: \$80 per week

5 DAYS-1/2 DAYS: \$125 per week

3 DAYS-FULL DAYS: \$120 per week

5 DAYS-FULL DAYS: \$190 per week

A \$50 non-refundable deposit is required with this form for each week for each child attending.

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

DISCOUNTS

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



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 42 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: _____

Health Care Protocol:

Cornerspring Summer Camp protocol for health includes that each child's health will be assessed daily. Should the child exhibit symptoms upon arrival, they will not be admitted. Should a child exhibit symptoms during care, they will be isolated and sent home immediately. If outbreak occurs, the facility will close for 2 - 5 days for sanitation.

Admittance requirements:

- **Fever free for last 24 hours**
- **No cough or shortness of breath**
- **No diarrhea or vomiting for last 24 hours**
- **No family member exhibiting symptom of COVID-19 including:**
 - Fever
 - Cough
 - Shortness of breath
 - Positive or presumed positive test result for COVID-19

Protocol may change without notice as situations arise or regulatory environment changes. We will make best effort to keep you informed in a timely manner.

[] I agree to the Cornerspring Summer Camp Health Care Protocol and accept liability for including my child in group care at Cornerspring during the 2020 COVID-19 Pandemic.

[] All of the information I have provided above is true and accurate.

Parent/Guardian Signature

Date
