



**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.

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

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

Week 1: June 20 - 24

Week 4: July 11 - 15

Week 7: August 1 - 5

Week 2: June 27 - July 1

Week 5: July 18 - 22

Week 8: August 8 - 12

Week 3: July 5 - 8

Week 6: July 25 - 29

**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 \$20.00 per day. Please notify us as far in advance as possible.

**COST**

3 DAYS-1/2 DAYS: \$110 per week

5 DAYS-1/2 DAYS: \$165 per week

3 DAYS-FULL DAYS: \$165 per week

5 DAYS-FULL DAYS: \$250 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.\*\***

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



**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: