



Come join the summer fun at Cornerspring!

Cornerspring Montessori School is offering 8 weeks of summer day camp for 6-12 year olds

Each week will have a different theme that is full of fun!

Some past themes were Old Time Camping, Clay Play, Chainmail, Knitting & Weaving, Surprise Science, and more. Stay tuned for this year's themes.

Name of Child: _____ Date of Birth: _____

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

Half or Full Day

1/2 Day Full Day

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 19 - 23 Week 4: July 10 - 14 Week 7: July 31 - August 4

Week 2: June 26 - June 30 Week 5: July 17 - 21 Week 8: August 7 - 11

Week 3: July 3 - 7* Week 6: July 24 - 28

*No camp July 4th

HOURS

Monday through Friday

1/2 DAY: 8:30 am - 12:30 pm

FULL DAY: 8:30 am - 3:00 pm

Payment Method (Please select one)

Card Cash Check

ACH (please request a form if not already on file)

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

5 DAYS-1/2 DAYS: \$170 per week

5 DAYS-FULL DAYS: \$255 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: _____