



Come join the summer fun at Cornerspring!

Cornerspring Montessori School is offering 8 weeks of summer day camp for 6-12 year olds. Campers will have engaging and unique experiences while exploring our 42 acres of woods, discovering new intrests, and making new friends. Each day campers will chose their own adventure and be supported with a variety of activities that are enrichment based and hands on. We look forward to working with your children this summer!

Name of Child: _____ Date of Birth: _____

Half or Full Day

1/2 Day Full Day

My child will need: Earlycare Aftercare Extended Aftercare

Weeks

- Week 1: June 16 - 20
- Week 4: July 7 - 11
- Week 7: July 28 - August 1
- Week 2: June 23 - 27
- Week 5: July 14 - 18
- Week 8: August 4 - 8
- Week 3: June 30 - July 4*
- Week 6: July 21 - 25

**There is no camp on July 4th*

HOURS

Monday through Friday

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

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

There will be no schedule changes after June 2nd, 2025. Thanks!

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

Cornerspring Family 5 DAYS-1/2 DAYS: \$180 per week
Cornerspring Family 5 DAYS-FULL DAYS: \$275 per week

Visiting Family 5 DAYS-1/2 DAYS: \$220 per week
Visiting Family 5 days-FULL DAYS: \$325 per week

A \$100 non-refundable deposit is required with this form for each week for each child attending.

****The remaining balance is due at the first day of the child's week.****

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 camp 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: _____