

Toddler Summer Camp 2017

(FOR ENROLLED STUDENTS ONLY)

Join us for **10** fun-filled weeks of summer adventure at St. Croix Montessori School as we explore art, cooking, farm animals, music, plants and movement. **(ages 16 months to 3 years)**

We reserve the right to cancel a session if fewer than 5 campers enroll.

Cancellations are not accepted.

If there is an opening in another week, you may be able to change weeks.

Adventures in Art (Weeks 1 & 2 June 12 – June 23)

Your child will discover their inner Picasso as they explore different mediums in art including clay, paint, chalk and much more.



Creative Cooking (Weeks 3 & 4 June 26 - July 7)

Children will start to learn the basics of cooking and baking by making delicious masterpieces.



Movement in Music (Weeks 5 & 6 July 10 – July 21)

Your child will begin to recognize the sounds of different instruments and music and find their inner musician through singing.



Summer on the Farm (Weeks 7 & 8 July 24 – August 4)

Get to know the alpacas, donkeys, chickens and all living things around us through nature walks, animal care and plant care on our farm.



Science Curiosity (Week 9 & 10 August 7 – August 18)

This week will allow your toddler to follow their curiosity of the world around them through experimenting with projects like bubbles, plant seeds and water work.



ST. CROIX
Montessori School
Unlimited Potential. Individual Success.

**Toddler Summer Camp
2017 Registration Form**
(16 months - 3 years old)
(For Enrolled Students Only)

Please complete this form and return it along with the complete fees or one week deposit (which will be applied to your last week of camp) by **May 5, 2017**. **Camp registrations will be accepted until May 5, 2017 or until the camp is full.** Camp fees will be billed at the beginning of each month. After care will be billed at the end of each month.

Cancellations are not accepted. If there is an opening in another week, you may be able to switch weeks.

Weekly Camp Fees need to be paid before your child can attend!

**No shows will be charged
Full Day camp rate.**

St. Croix Montessori School WILL BE CLOSED on Monday, July 3rd and Tuesday, July 4th

(We reserve the right to cancel a session if fewer than 5 campers enroll)

Camper's Name: _____ **Birthdate:** _____

Day Rates: \$35 (Half Day) \$55 (Full Day)

| Camp Dates: | Week | Camp Name: | Half Day 9:00 - 12:00 \$155 per week | Full Day 9:00 - 4:00 \$250 per week | Before Care (8:00 - 9:00) \$6.50 per hour | After Care (4:00 - 5:30) \$6.50 per hour |
|--------------------------|------|--|--|---|--|--|
| June 12 - 16 | 1 | Adventures in Art | | | | |
| June 19 - 23 | 2 | Adventures in Art | | | | |
| June 26 - June 30 | 3 | Creative Cooking | | | | |
| July 5 - July 7 | 4 | Creative Cooking (\$93 HD - \$150 FD) | | | | |
| July 10 - 14 | 5 | Movement in Music | | | | |
| July 17 - 21 | 6 | Movement in Music | | | | |
| July 24 - 28 | 7 | Summer on the Farm | | | | |
| July 31 - August 4 | 8 | Summer on the Farm | | | | |
| Aug 7 - 11 | 9 | Science Curiosity | | | | |
| Aug 14 - 18 | 10 | Hop, Skip and Jump | | | | |
| Subtotals: | | | | | | |
| Total: | | | | | | |
| Less Deposit Paid | | | | | | |
| Balance Due: | | | | | | |

Please initial and sign below. _____

I/We give permission for my/our child(ren) to be photographed and for this photo to be published by the local press or by St. Croix Montessori School.

By signing below, I understand I am responsible for payment for all camps requested.

Parent/Guardian Signature: _____ **Date:** _____



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Toddler Summer Camp - 2017
(For Enrolled Students Only)
Emergency Information

| | | | | | |
|-----------------------|-------|------------|-------|-------|-----------------|
| Name | _____ | Birth Date | _____ | Age | _____ |
| Street Address | _____ | City | _____ | State | _____ Zip _____ |
| E-Mail Address | _____ | | | | |

Parent Name _____
 Home Phone _____
 Address (if different) _____

Cell _____
 Work Phone _____

Parent Name _____
 Home Phone _____
 Address (if different) _____

Cell _____
 Work Phone _____

Emergency Contact _____
 Cell _____
 Work Phone _____
 Address _____

Relationship to Child _____
 Home Phone _____

Emergency Contact _____
 Cell _____
 Work Phone _____
 Address _____

Relationship to Child _____
 Home Phone _____

Physician/Pediatrician _____
 Address _____

Phone: _____

Family Dentist _____
 Address _____

Phone _____

Specific instructions regarding care if not covered previously: _____

Any known ALLERGIES: _____
 Date of last tetanus shot: _____

I/we understand that in some emergency situations, St. Croix Montessori School will need to contact emergency medical service before I/we, our child's physician, and/or other adult acting on our behalf can be notified. In the event of a medical emergency, I/we understand that my/our child will be transported to the nearest hospital, HealthEast Woodwinds, if the local emergency unit determines this is necessary for treatment.

I/we hereby grant permission to the staff of St. Croix Montessori School to take whatever emergency measures are judged necessary for the care and protection of my/our child while under supervision of the school.

Parent/Guardian Signature(s) _____ Date: _____

* Please notify the school office if this emergency information changes during the summer session.