

The Montessori School of Camden

Around the World in 90 Days

2009 SUMMER PROGRAM REGISTRATION FORM

I wish to enroll the following student in the 2009 Summer Program for the weeks indicated below.

Name of student: _____ Birth date: _____

Address: _____

Home telephone: _____ E-mail: _____

Mother: _____ Work #: _____ Cell phone: _____

Father: _____ Work #: _____ Cell phone: _____

Other people authorized to pick up child or to be contacted in an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Children will not be released to anyone except parents without written permission from parents.

Check Plan or Weeks Selected	Times			Notes
	8:30-11:30	8:30-2:30	8:30-6:00	
<input type="checkbox"/> SW1 (June 1-5) South Carolina Islands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> SW2 (June 8-12) Cuba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> SW3 (June 15-19) Galapagos Islands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I will enroll my child in Dynamic Dinos camp*
<input type="checkbox"/> SW4 (June 22-26) Falkland Islands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> SW5 (June 29 – July 2) Ireland**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> SW6 (July 6-10) Sicily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I will enroll my child in Reaction in Action camp*
<input type="checkbox"/> SW7 (July 13-17) Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> SW8 (July 20-24) Japan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I will enroll my child in NASA camp*
<input type="checkbox"/> SW9 (July 27-31) Hawai'i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I will enroll my child in Art camp at the MSC office*
<input type="checkbox"/> SW10 (August 3-7) Florida Keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* To enroll go to www.madscience.org/columbia. Cost of Mad Science Camps (Dynamic Dinos: \$149, Reaction in Action: \$149, and NASA: \$159). Art Camp is \$110.

**4 days only –charges prorated

I will ____ will not ____ need early drop off (before 8 a.m.). I understand that except for one-rate plans the Extended Day rate is \$4.00 per hour and that school closes promptly at 6:00 p.m. Late charges of \$1.00 per minute will be paid directly to the teacher on duty at the time.

✓ Payment Plan	Plans and Payment Options	Charges (from chart above)
	<i>My child will attend on a weekly basis. (The last week's deposit is attached, weekly payment each week due Monday morning)</i>	\$____/week
	<i>My child will attend the whole summer. (\$100 deposit is attached, 2 payments due June 1 and July 1)</i>	\$____ - Pmt 1 \$____ - Pmt 2
	<i>My child will attend the whole summer and full Extended day. (\$100 deposit is attached, 2 payments due June 1 and July 1) <input type="checkbox"/> Please deduct the Extended Day costs during camps I have selected above.</i>	\$____ - Pmt 1 \$____ - Pmt 2
	<i>My child will need occasional extended care. (I will pay by monthly invoice.)</i>	\$4 / hour

My Child, _____ has permission to participate in the swimming activities at the Kershaw County Aquatic Center. I understand that a Recreation Department lifeguard will always be on duty. The children's safety will be of highest priority, and The Montessori School of Camden staff will also supervise the children in their care. I understand the inherent dangers of swimming and water activities and hold harmless the Montessori School of Camden of any accident or injuries that may occur.

Parent/Guardian

Date

I have read the summer program information provided. I understand the fee schedule and the payment due dates. I have read, signed and attached the required Permission and Health/Emergency form. I have included the non-refundable registration deposit, paid in full, or as a deposit the last week's tuition. I understand that penalties will be applied if the school is not notified by Friday noon of changes for the following week. For students not currently enrolled a current Immunization Certificate DEHC Form 1148 is attached as is the DSS Form 2900 Statement of Health (which can be found on the admissions page at www.montessori-camden.com).

Parent/Guardian Responsible for Account

Date