

Summer Camp Registration 2022



Child's Name: _____

Birthdate: _____ **Age:** _____ **Gender:** _____

Grade (as of August 2022): _____ **Classroom (if known):** _____

PK3 PK4 K **Elementary:** 1 2 3 4

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name #1: _____

Home/Cell Phone: _____ Email: _____

Please circle the best number to reach you during camp hours.

Parent/Guardian Name #2: _____

Home/Cell Phone: _____ Email: _____

Please circle the best number to reach you during camp hours.

MEDICAL INFORMATION

Due to staffing limitations, we are unable to offer any additional support services for our Summer Camps.

Health Concerns/Allergies/Medical Needs:

Primary Physician: _____ **Phone:** _____

Hospital Preference: _____

Are there any special considerations or restrictions that need to be addressed? If so, please explain:

PERMISSION TO PHOTOGRAPH

___ I give permission for my child to be photographed for Sterling’s website/social media.

___ I do not give permission for my child to be photographed for Sterling’s website/social media.

EMERGENCY CONTACT

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Please list other individuals that may pick-up your child(ren) from camp:

Please note:

- A non-refundable/non-transferable fee of **\$50 per week** is due by April 22, 2022 to secure your space. **Seats are limited** and filled on a “first come, first served” basis.
- All checks should be made payable to Sterling Montessori and turned into the Main Office (Attention: Summer Camp)
- **All camp balances must be paid in full by Friday, May 27, 2022.**

Please contact Wyleen Davis at wdavis@sterlingmontessori.org with any registration questions.

Summer Camp is only available to students who were enrolled at Sterling for the 2021-2022 school year.

Please check off the weeks and hours your child will be in camp:

Week 1: June 13 - June 17 <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	Week 2: June 20 - June 24 <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)
Week 3: June 27 - July 1 <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	Week 4: July 5 - July 8 (4 days) <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)
Week 5: July 11 - July 15 <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	Week 6: July 18 - July 22 <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)
Week 7: July 25 - July 29 <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	Week 8: August 1 - August 5 <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)
Week 9: August 8 - August 10 (3 Days) <input type="checkbox"/> Partial Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	
<input type="checkbox"/> All 9 Weeks of Camp ___ Partial Day ___ Full Day ___ After Care	

Summer Camp Fees				
Program	Hours	5 Day Camp	4 Day Camp (Week 4)	3 Day Camp (Week 9)
Partial Camp Day	8:00 - 12:00	\$140	\$115	\$84
Full Camp Day	8:00 - 3:00	\$250	\$200	\$150
After Care	3:00 - 5:00	\$50	\$40	\$30

Note: You will be responsible for all late pick-up fees. Students who remain beyond their registered time will be charged \$5 per minute to a maximum of \$50.

Guardian Signature: _____ Date: _____

Child's Name: _____

For SMACS Use Only			
_____ Week 1	_____ Week 2	_____ Week 3	_____ Week 4
_____ Week 5	_____ Week 6	_____ Week 7	_____ Week 8
_____ All 8 Weeks			
Total Amount Due: _____			
Payment:			
Fees _____	Date _____	Check # _____	Received by: _____
Balance _____	Date _____	Check # _____	Received by: _____