

# Summer Camp Registration 2021



**Child's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_      **Age:** \_\_\_\_\_      **Gender:** \_\_\_\_\_

**Grade (as of August 2021):** \_\_\_\_\_      **Classroom:** \_\_\_\_\_

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

**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:**

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### **Please note:**

- A non-refundable/non-transferable fee of \$50 per week is due by April 23, 2021 to secure your space. **Seats are limited** and filled on a “first come, first served” basis. (In the case that Sterling is closed due to COVID-19, all fees will be returned.)
- 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 28, 2021.**

*Please contact Wyleen Davis at [admissions@sterlingmontessori.org](mailto:admissions@sterlingmontessori.org) with any registration questions.*

**Summer Camp is only available to enrolled students (2020/21 or 2021/22 school year)**

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

<b>Week 1: June 14 - June 18</b> <input type="checkbox"/> Half Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	<b>Week 2: June 21 - June 25</b> <input type="checkbox"/> Half Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)
<b>Week 3: June 28 - July 2</b> <input type="checkbox"/> Half Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	<b>Week 4: July 6 - July 9 (4 day week)</b> <input type="checkbox"/> Half Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)
<b>Week 5: July 12 - July 16</b> <input type="checkbox"/> Half Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	<b>Week 6: July 19 - July 23</b> <input type="checkbox"/> Half Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)
<b>Week 7: July 26 - July 30</b> <input type="checkbox"/> Half Day (8:00-12:00) <input type="checkbox"/> Full Day (8:00-3:00) <input type="checkbox"/> After Care (3:00-5:00)	<b>Week 8: August 2 - August 6</b> <input type="checkbox"/> Half 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"/> <b>All 8 Weeks of Camp</b> ___ Half Day    ___ Full Day    ___ After Care <i>(A 5% discount will be applied to your tuition rate.)</i>	

Summer Camp Fees			
Program	Hours	5 Day Camp	4 Day Camp
Full Camp Day	8:00 - 3:00	\$220.00	\$175.00
Half Camp Day	8:00 - 12:00	\$110.00	\$85.00
After Care	3:00 - 5:00	\$40.00	\$32.00

***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**    \_\_\_\_\_ **5 % Discount**

**Total Amount Due:** \_\_\_\_\_

**Payment:**

Fees \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_

Balance \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_