



SUMMER CAMPS ARE BACK! FOR KIDS 3-6 YEARS OLD

Join us for Summer Camp at SMACS where we offer engaging, educational, and fun summer activities filled with adventure and creativity - all in a familiar location! Summer Camps are open only to current and incoming Sterling students who have already turned three by the time camp begins, and who are also independent in the bathroom.

SCIENCE EXPERIMENTS • OUTDOOR FUN • ART
CRAFTS • WATER PLAY • MUSIC



Sterling Montessori Summer Camps



SUMMER CAMP FEES PER WEEK

		<u>Week of 7/2</u>
Full Day Camp – 8:30-3:30	\$220.	\$175.
Half Day Camp – 8:30-12:00	\$110.	\$ 85.
Before Care – 7:30-8:30	\$ 25.	\$ 20.
After Care – 3:30-6:00	\$ 60.	\$ 48.

<u>Week 1</u> June 11-15	<u>Week 5</u> Jul 9-13	<u>ALL</u>
<u>Week 2</u> June 18-22	<u>Week 6</u> Jul 16-20	<u>9 WEEKS-</u>
<u>Week 3</u> June 25-29	<u>Week 7</u> Jul 23-27	<u>GET 5%</u>
<u>Week 4</u> July 2, 3, 5, 6 (closed for July 4 holiday)	<u>Week 8</u> Jul 30-Aug 3	<u>DISCOUNT</u>
	<u>Week 9</u> Aug 6-10	

STERLING SUMMER CAMP REGISTRATION 2018

For 3 to 6 Year Old Sterling Students

Child's Name _____ Date of Birth _____ Age _____

Parent/Guardian _____ Email _____

Phone(H) _____ Phone (C) _____ Phone (W) _____

- **A non-refundable/ non-transferable deposit of \$50 per week is due by May 25, 2018 to secure your space**
- **Remaining Balance is due by June 1, 2018. At this point, the remaining balance will be non-refundable.**
- **All checks made payable to SMACS to be turned into the main office (attention: summer camp)**
- **Please contact admissions at wyleendavis@sterlingmontessori.org with any questions.**

Camp is only available to enrolled students (2017/18 & 2018/19 school year)

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

Week 1- June 11-15
___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
___ AfterCare 3:30-6:00

Week 2- June 18-22
___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
___ AfterCare 3:30-6:00

Week 3- June 25-29
___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
___ AfterCare 3:30-6:00

Week 4- July 2,3,5,6 (fees differ from other weeks)
___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
___ AfterCare 3:30-6:00

- Week 5- July 9-13
 ___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
 ___ AfterCare 3:30-6:00
- Week 6- July 16-20
 ___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
 ___ AfterCare 3:30-6:00
- Week 7- July 23-27
 ___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
 ___ AfterCare 3:30-6:00
- Week 8- July 30-August 3
 ___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
 ___ AfterCare 3:30-6:00
- Week 9- August 6-10
 ___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
 ___ AfterCare 3:30-6:00
- All 9 weeks (5% Discount)**
 ___ BeforeCare 7:30-8:30 ___ Half Day 8:30-12:00 ___ Full Day 8:30-3:30
 ___ AfterCare 3:30-6:00

Summer Camp Fees Per Week	Week of 7/2 (one less day)
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Full Camp Day 8:30-3:30	\$220.00	\$175.00
Half Camp Day 8:30-12:00	\$110.00	\$85.00
Before Care 7:30-8:30	\$25.00	\$20.00
After Care 3:30-6:00	\$60.00	\$48.00

All 9 weeks (5% discount off total)

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 \$45.

CHILD'S NAME _____

MEDICAL INFORMATION

Allergies? Yes _____ No _____ Please

list: _____

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 (in the event that you cannot be reached)

Name _____ Phone # _____

Please list other individuals that may pick up your child/ren from the program:

Parent Signature _____

Date _____

For SMACS USE ONLY:

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____ Week 6 _____ Week 7 _____

Week 8 _____ Week 9 _____

Payment - Amount Paid Deposit _____ Balance _____ Check# _____